FEDERAL BUREAU OF INVESTIGATION FOI/PA
DELETED PAGE INFORMATION SHEET FOI/PA# 1348511-0

Total Deleted Page(s) = 3 Page 33 ~ b1; b6; b7C; Page 34 ~ b6; b7C; Page 35 ~ b6; b7C;

Memorandum





- [Exec AD Adm.
- 1	
- 1	Exec AD Inv
- 1	Exec AD LES
-	Asst. Dir.:
	Adm. Servs
	Crim. Inv
	Ident
	Insp
	Intell
1	Lab
-	Legal Coun
	Off. Cong. &
	Public Affs
	Rec. Mgnt
	Tech, Servs
	Training
	Off. Liaison &
	Int. Affs.
	Telephone Rm.
	Director's Sec'y
	, ,

AHM	Mr At. Mc Cruget	
AHM XEC TO	: Assistant Director	Date 03/03/89
•	Records Management Division (RMD)	00/00(37
0,11	Mr Dd Droops	
Sur He Stron	m: Section Chief	
AEG	Operations Section, RMD	
CLASS	Operations Section, RMD CARL M SHOFFLER ENCH. 2	
SRC'D Subj	ject: SECURITY CLEARANCE INVESTIGATION PRO	GRAM
SER	FBI JOINT TASK FORCE -	

PURPOSE: To initiate the captioned background investigation.

RECOMMENDATION: That a file for the captioned matter be opened.

	Director Exec. AD-Adm. Exec. AD-Inv.	tdent	Legal Coun. Legal Coun. Off. of Cong. & Public Affs Rec. Mgnt. Tech. Servs. Training	15Hec
<u>DETAILS</u> : A request has been received a Division that a security clearance be gran with the captioned program. In keeping will be initiated and coordinated by a reproduced Investigations Unit, Operations is therefore recommended that a new file Enclosure	ted for the above with this request oresentative of the Section, Records	e individual in , a background e Industrial Sec	investigation curity and	Ъ6 Ъ7С
259- 1 - Industrial Security and Clearance Inve EFW: HEC(2)	estigations Unit (Attn:		Room 4252)

12 MAR 3 1989

/- ENCLOSURE

INSTRUCTIONS: Please sign and return one of the two enclosed copies.

This is to advise you, in conformance with the Privacy Act of 1974, that the information solicited from you by personnel of the FBI is needed to complete background inquiries required by the authority granted in Title 28, Part O, Subpart P, Paragraph 0.85, Subparagraph C, Code of Federal Regulations. The furnishing of this information is voluntary on your part and will be used to determine your eligibility for access to FBI space or certain FBI material. You should also be aware that willfully making a false statement or concealing a material fact could be a basis for refusing you access to FBI space or certain FBI material, and may constitute a violation of Section 1001, Title 18, United States Code.

You are not required to execute this form; however, if you do not, this refusal may result in the inability of the FBI to obtain information necessary to complete background inquiries and thus lead to a denial of your request for access to FBI space or certain FBI material.

Mul m Shoffle (Signature of Applicant

(Date)

Standard Form **86**Revised October 1987
U.S. Office of Personnel Management
FPM Chapter 736





Page 1

1 1 141	Chapter 736									.,		J-034-4030
	Part 1	OPM USE ONLY Agency Use	Only (Con	aplete items	A through l	Codes Pusing instruc	ctions in FPM		ase Number			
	Type of nyestigation	B Extra Coverage	1		Sensitivity Level	D _{Access}	Nature of Action Code	F	Date of Action	Month	Day	Year
	Seographic .ocation		Н	Position Code	Position Title	1						
J	SON,	Location of C	··	None Othe	er Address					ZIP 	Code	
_		Folder		At SON								
L	soı	Location of Security Folder		None Oth At SOI NPI	er Address					ZIP	Code	
	SIBAC Number	1 1 1 1	O Accounti and/or Accounti Case Nu	ng Data	·					!		
	Requesting Official	and Title			Signature		•	Telephone Nu (including Are		Dat	е	
	Pers	sons completi	ng this form	n should be	egin with the	questions he	low. Please typ	 ne or nrint v	vour ans	vers.		-
1	F1111	ou have only initial	-	_	9		r.","Sr.", "ii", etc., en			_	ATE OF	
٠.	NAME • If yo	ou have no middle				box after your		to the abovena		-	BIRTH	
	Last Name		U Fir	st Name		Mi I	ddle Name		Abbrv.	Month	Day	Year
3	PLACE OF BIRTH	FFLER	1		RL		<u></u>	I A	000111 555	6	239000	45
3	City A	Use the two	County	the state.	State Coun	try (if not in the Uni	ied States)	4	SOCIALS	CURITY	NUMB	ER
	Hshu	LANd	Northu	mberLand	PA	., (20	6 - 3	4 -	6.0:	8.7
5	OTHER NAMES	ve other names yo				for na	me[s], alias[es], or r					
	USED ex Name	rample: your maio	en name, nan			,	t "nee" in front of it.		Mont	h 0/004	44	- 0/
	Haitie	-		Month/Year From	Month/Year To	Name	A N			h/Year om	MONU T	h/Year o
	Name .	. ~ 10 4 5	KAN D	Month/Year	Month/Year	Name	WE VIEW	*	Mont	h/Year	Month	n/Year
_	mnof	11		From	То	De			Fr	om	T	o
6	OTHER IDENTIFYING INFORMATION	Height (feet and in	iches) //	Weight (pour	ds) O	Hair Color Brown	Eye Co	Som V)	<u> </u>	nark one i emale	box)	Viale
7	TELEPHONE NUMBERS	Work (include Are	27 - 4	tension) 3/2		Home (include Ai	rea Code) 64-2427	7				
8a	CITIZENSHIP	Mark the box	at the right	that applies t	o you and	I am a U.S. citize	n by birth in the U.S		X G	o to 8c		
		follow the inst	_	• •	-		n, but I was NOT bo	orn in the U.S.		o to 8b		
8k	UNITED STATES CITIZENSHIP	If you are a U.S. to the right and Then go to Item 8	Citizen, but we	ere not born in t ation about on	he U.S., enter yo e or more of the	I am not a U.S. our mother's maider following proofs of		Mother's Maio		o to 8d		
	Naturalization Ceri			alized?)								
	Court			City		State	Certificate Number	er	Month	/Day/Yea	r Issued	l l
	011											
	Citizenship Certific	cate (wnere was t	ne certificate	issuea?)		State	Certificate Number	er	Month	/Day/Yea	r Issued	
					t .		1.1.			•		
	State Department			oad of a Citize	n of the United	States						
***	Give the date the was prepared and an explanation if ne	give I	Day/Year	Explanation	,							
	U.S. Passport						Passport Number		Month	Day/Year	locued	
<u></u>	This may be eithe										155060	
σC	DUAL CITIZENSHII	p If you are (c			e United State ntry in the spac		Country	-				
80	ALIEN • If	you are an alien,			on:		.l					
<u></u>	Place You Entere	ed City			State D	ate You Entered U.S. fonth Day Year	Alien Registration	Number	Country	of Citize	nship	
86.	the United States	:										

Your Address. In this column, give the inform every place you have lived for the past 15 years you live now and work backwards. For any add 3 years that consisted of "General Delivery", a Route, with no designated street address, dor address; give where you actually lived and space available on page 6 general directions for	s. Begin with where lress within the past Rural Route, or Star it give that as your then provide in the locating it.	People Who Knew You. Use this coludences you show on the left that you ocyears. Across from each such residen address of someone who knew you in thably someone who still lives there.	cupied during the last 3 ce, give the name and
Month/Year Month/Year Street Address (include apartment r		Name	
5-16° Present 2930 7	MLLOW LANE	Street Address (include apartment number, if any)	b6 .b7C
Bowie	md 20715		.57 C
Country (if outside the United States)		City	: State : 7IP Code
Month/Year Month/Year Street Address (include apartment in 1-73 To 5-76 3808 28 7	-1 4	Name	7
City .	State ZIP Code	Street Address (include apartment number, if any)	
HICCREST Hats	Ad 20748		
Country (if outside the United States)		City	· State · 710 Code
Month/Year Month/Year Street Address (include apartment in To	number, if any)	Name	
City	1 State 1 ZIP Code	Street Address (include apartment number, if any)	
,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Country (if outside the United States)		City	State ZIP Code
Month/Year Month/Year Street Address (include apartment in To	number, if any)	Name	
City	1 State / ZIP Code	Street Address (include apartment number, if any)	
City	Otato Zii Good	direct Address (include aparament number, it arry)	
Country (if outside the United States)		City	State ŽIP Code
Month/Year Month/Year Street Address (include apartment r	number, if any)	Name	-
City	State / ZIP Code	Street Address (include apartment number, if any)	
City	State ZIF Gode	Silveet Address (include apartment number, il any)	
Country (if outside the United States)		City _	State ZIP Code
, , , , , , , , , , , , , , , , , , , ,			
10 WHERE YOU WENT TO SCHOOL Schools You Attended. In this column, g requested below for all schools you have atte high school. Begin with the most recent sch wards. Use the following codes to indicate the attended:, 1-High School 2-College/University 3-Vocate	nded beyond junior ool and work back- type of school you	People Who Knew You. Use this column you show on the left that you attended in the from each such school, give the name and (such as an instructor or student) who knew y	last 3 years. Across address of someone
Month/Year Month/Year Code Name of School 9-76 To 5-78 Z RG. Commun	itY	Name (instructor, student, etc.)	
Street Address c	Degree/Diploma/Other (show each	Street Address (include apartment number, if any)	
10 20	legrée and date received if Code 2:)		, State - ZID Code
City State ZIP Code		City	State ZIP Code
Month/Year Month/Year Code Name of School		Name (instructor, student, etc.)	
9-60 5-63 / KULPMONT	- Hich		
Street Address D	egree/Diploma/Other (show each	Street Address (include apartment number, if any)	
	egree and date received if Code 2.)	Cit.	. D
City State ZIP Code		City	State ZIP Code
KULPMENT PIN			
Enter your Social Security Number before	ore going to the next	page.	6-134-16087
Page 2			

1 YOUR EMPLOYMENT HISTORY	Fill in your e	yment and military history.	Begin with the p	oresent	work backwards 15 year	ars. Include:
all full-time work	•	aid work	• active		•	all periods of unemployment
 all part-time work 	• all v	oluntary work	• self-e	employ	ment `	
 If you were in the military, list If you worked under a contribute 				e Gove	ernment agency	
 If you were self-employed 	or <mark>unemploy</mark> e	ed, name someone who can ve	rify it.		•	
 If you list an employer or ac 	tual place of e	mployment at a location outsid	e the U.S., show	city an	d country in the space for cit	y .
Use the following codes for ea	ch segment o	f your employment history:	•			
1 - Active military duty 2 - National Guard/Reserve		P.H.S. Commissioned Corps r Federal employment	5 - State 6 - Self-		•	7 - Unemployment 8 - Other
2 - National Guard/neserve	4 • Othe	r rederar employment	0 - Sell-	employ	men	
Employment. Provide the infor	mation requ	ested for each period of em	ployment. Give	e the		r OR Person to Verify Unemployment. Across
name of your employer. Ente appropriate, and "unemployed"	er "selt-empl for periods c	oyed" in the box for emp of unemplovment.	loyer's name v	wnen	from each employmen	t on the left, provide the
, , , , , , , , , , , , , , , , , , ,					information requested b	elow.
Month/Year Month/Year Code Your P	osition				Supervisor's/Person's Name	Telephone Number
7-69 To Present			Telephone Numb	er	Street Address (ir amerent man	emolover si
METROPOLITAN	POLICE	Despretment	(202)727-4		(b6 b7C
Employer's Street Address		City (Country)	State ZIP Code)	City	State ZIP Code
300 INJ AVE	Street Addres	WAShincton	DC 200	01	Country)	State ZIP Code
Actual job location if different from employer's address:	Sileet Addres	55		Oily (c	Jounny	State Zir Code
	osition	······································		<u> </u>	Supervisor's/Person's Name	Telephone Number
9-65 T9-69 1 S Employer's Name	ioldier		Telephone Numb		Street Address (if different than	()
	CURITY	AGENCY	relephone Numb	ei	Street Address (ii dillerent than	eniployers)
Employer's Street Address	Carett	City (Country)	State ZIP Code		City	State ZIP Code
				 		
Actual job location if different from employer's address:	Street Addres	SS		City (0	Country)	State ZIP Code
	l Position			<u> </u>	Supervisor's/Person's Name	Telephone Number
То		Market Control of the	1			()
Employer's Name			Telephone Numb	er	Street Address (if different than	employer's)
Employer's Street Address		City (Country)	State ZIP Code		City	State ZIP Code
Actual job location if different from	Street Addres	SS		City (Country)	State ZIP Code
employer's address: Month/Year Month/Year Code Your F	Position			<u> </u>	Supervisor's/Person's Name	Telephone Number
То	00/110/1					()
Employer's Name			Telephone Numb	er	Street Address (if different than	employer's)
Employer's Street Address	0	City (Country)	State ZIP Code	<u> </u>	City	State ZIP Code
, ,		ony (ocumay)	Olaic 2ii cou	1 1		1 1 1 1 1
Actual job location if different from	Street Addre	ss		City (Country)	State ZIP Code
employer's address:	<u> </u>				Conserving de l'Ossessale Marse	Talashara Number
Month/Year Month/Year Code Your	Position				Supervisor's/Person's Name	Telephone Number
Employer's Name			Telephone Numb	per	Street Address (if different than	èmployer's)
			()			
Employer's Street Address	•	City (Country)	State ZIP Cod	e	City	State ZIP Code
Actual job location if different from	Street Addre	l ss		City (Country)	State ZIP Code
employer's address:						
Enter your Social Security	Number I	pefore going to the nex	t page.		200	1-134-16087

	er relatives, or former spouses.	no know you wen a	nd live in the United States. Try not to list anyone	mentioned	in items 9, 10, or 11.	
						b
lumber of Years Known	Daytime Telephone Number		Number of Years Known	Dayılmı	Leienhone Number	ď
ome Address			Home Address			
Dity		State ZIP Code	City		ı State ı	ZIP Code
Jame ' '•	-					
lumber of Years Known	Davtime Telephone Number		Number of Years Known	Daytime	Lelenbone Number	
ome Address			Но			
jitv ,		State ZIP Code	79			<u> </u>
20 VOLID MEMBERSHIP IS	A ODCANIZATIONS List of L	I S -based organiza	ations, except labor unions, po	litical or	raligious arganizations v	ou bolonged to
		: 15 years.		mucai, or		
Membership From Month/Year To Month/Year	Name of Orga	nization	Nature of Affiliation/ Office Held, if Any		Location of Organizati City (Country)	ion Stat
		,				
13b YOUR INVOLVEMENT	IN FOREIGN ORGANIZATIONS	S List any foreign employee, or a	n-based political or business org active participant at any time.	anizations	of which you have been a	member, officia
Involvement From	Name of Foreign	Organization	Nature of Affiliation/		Location of Organizati	ion Stat
Month/Year To Month/Year			Office Held, if Any		City (Country)	Stat
Y - &	YOU WANTED TO DO	not include countrie	es covered in items 9, 10, and 1 er code to show the purpose of y		1 - Business 2 - Pleasure	3 - Educatio
4 FOREIGN COUNTRIES		appropriate numbe	or deducte enour the purpose or)	our vioit.	7 Z-1 leasuje	
In Country From Month/Year To Month/Year	• Use	e appropriate numbe	In Country From Month/Year To Month/Yea	Code	Country	
In Country From Month/Year To Month/Year	Code Co		In Country From	Code		
In Country From Month/Year To Month/Year	Code Co	MM Have you ever had	In Country From Month/Year To Month/Yea a personal or continuing contac	r Code	Country	
In Country From Month/Year To Month/Year 666 6:67 Period of Contact	Code Co	Have you ever had country? If "YES",	In Country From Month/Year To Month/Yea	r Code	Country	oc, or commun
In Country From Month/Year To Month/Year To Month/Year	Code Code Code Code Code Code Code Code	Have you ever had country? If "YES",	In Country From Month/Year To	r Code	Country tional of a Soviet, Soviet blo	oc, or commun
In Country From Month/Year To Month/Year 566 6:67 Personal Contact	Code Code Code Code Code Code Code Code	Have you ever had country? If "YES",	In Country From Month/Year To	r Code	Country tional of a Soviet, Soviet blo	oc, or commur
In Country From Month/Year To Month/Year 666 6:67 Period of Contact (From/To) MILITARY AND/OR ME Have you served in th Have you served in the (If you served in the tell)	Code Code Code Code Code Code Code Code	Have you ever had country? If "YES", ational	In Country From Month/Year To	t with a na	Country tional of a Soviet, Soviet blo Nature of Conta	oc, or commun
In Country From Month/Year To Month/Year To Month/Year To Month/Year 6-66	Code Code Code Code Code Code Code Code	Have you ever had country? If "YES", ational	In Country From Month/Year To	t with a na	Country tional of a Soviet, Soviet blo Nature of Conta	oc, or commun
In Country From Month/Year To Month/Year To Month/Year To Month/Year 6-66	Code Code Code Code Code Code Code Code	Have you ever had country? If "YES", ational	In Country From Month/Year To	t with a na	Country Itional of a Soviet, Soviet blo Nature of Conta	oc, or commun

16ç	ACTIVE SERVICE Show each military reserve service). Use Mark "O" for Officer or "E" for	one of the	service (includes	Code. 2-	Army 5-0	Marine Corps 7 - Nationa Coast Guard Merchant Marine	l Guard
1	!	or Certificate No	umber	O E Month/Year Mont	h/Year Code Service or C	Certificate Number	O E
17	1 - Mother 4 - Step 2 - Father 5 - Fost		7 - Step 8 - Bro	pchild 10 ther 11	- Stepsister	13 - Half-sister 16 - Gu 14 - Father-in-law 15 - Mother-in-law	ardian
Full I	Name (if deceased, check box on ti before entering name)	he left Code	Date of Birth Month/Day/Year	Country of Birth	Country of Citizenship	Current Street Address and City (country) of Living Relatives	State
	ELENORE ShorFLL	en 1	5-13-29	U.5-	4.5	337 MELROSE ST Keiser PR	PA
	ALLEN Shoffu	5R 2	3-23-19	Й. S.	4.5	337 MELROSE ST Keiser	
Z	George Borz) 14	12.11.98	4,5.	4.5.	NIA	
	MARY BOY!) 15	11-20-13	u.s	4. S.	1306 Chemungs Shamokin	PA
M	ALLEN Shoffler	2 8	7-21-46	u,s	<i>u.</i> 5	NIn	
<u></u>						b	6
	2 - Married Current Spouse Complete the fol Full Name Other Names Used (Specify maide		Date of Birth s by other marriages, e	Y / X	country if outside the ILS)	6 - Widowed Social Security Number 56 57 C	F
	Country of Chizenship U - S	<u></u>	Date Married	Place Married (Include	country if outside the U.S.)		State
	If Separated, Date of Separation (Mo./Day/Yr.)	If Legally Separated,	Where is the Record Loca	ated? City (Country)		State
	Address of Current Spouse (Street	t. citv. and cour	ntrv if outside the U.S.)			ı State ı ZIP Co	ode
	Former Spouse(s) Complete the	following about	your former spouse(s)				
*****	Full Name		Date of Birth	Place of Birth (Include	country if outside the U.S.)	- , î	State
¥	Country of Citizenship		Date Married	Place Married (Include	country if outside the U.S.)		State
	Check One, Then Give Date	word	Month/Day/Year	If Divorced, Where is th	e Record Located? City (Co.	untry)	State
	Address of Former Spouse (Street		ntry if outside the U.S.)	1		State ZIP Co	L_l ode
19		tates citizen b	y other than birth liv	es with you, show both		"Yes", provide the information rior country of citizenship below.	Yes No
	Name of P		- p. 5.1.556 117 quodito	7	of Citizenship	Relationship	
-					***		
Ent	er your Social Security	Number b	efore going to	the next page.	1 4 0	206-34-6	0.8.7

CONTINUAT to all other qu	ION SPACE: Usestions. If more	Jse the contin	uation sheets(s) <i>(SI</i>	pace For Comm F 86A) for additional ovided below, go to	answers to que		. Use the space belitify the number of th	ow to continue answers e question.
17-								
17-								
17-								ì. c
······								.b6 .b7
								
41	14.04		•					
26-	U.S. R	RMY.	Security	AGENCY -	- Top	Secret	erppto	CLEMERNCE
				·				
								·
					· · · · · · · · · · · · · · · · · · ·			
	·							
		<u></u>						
			TR					
	·			•				
							·············	
				continuation sheets			>	
				ing to the next			206-13	34-6087
Page 6								



Form Approved: O.M.B. No. 3206-0007 Expires: 8-31-90 NSN 7540-00-634-4036

FPM Chapter 736 Codes Case Number Your Selective Service Record **20a** Are you a male born after December 31, 1959? If "Yes", go to 20b. If "No", go to 21. **20b** Have you registered with the Selective Service System? If "Yes", give your registration number: 20c If you answered "No', to 20b, are you legally exempt? If "Yes", state the reason for the exemption: Your Military Record Yes No 21a Have you ever received other than an honorable discharge from the military? If "Yes", provide: Date of Discharge (Month and Year): Type of Discharge: 21b Have you ever been subject to court-martial or other disciplinary proceedings under the Uniform Code of Military Justice? If "Yes", list any disciplinary proceedings in the last 15 years and all courts-martial. Place (City and county/country if outside the United States) State Date (Month/Year) Charge or Specification Your Employment Record Has any of the following happened to you in the last 15 years? If "Yes", begin with the most recent occurrence and go backwards, providing Yes No date fired, quit, or left, and other information requested. Use the following codes to explain the reason your employment was ended: 5 - Left a job for other reasons under 1 - Fired from job 3 - Left a job by mutual agreement following allegations of misconduct unfavorable circumstances 2 - Quit a job after being told 4 - Left a job by mutual agreement following allegations of unsatisfactory you'd be fired performance **ZIP Code** Date (Month/Year) **Employer's Name and Address** Your Police Record If you answer "Yes", to a, b, c, d, or e below, explain your answer(s) in the space provided. Do not include anything that happened before your 16th 23 birthday. Have you ever been arrested, charged, or convicted of a felony offense? 3b Have you ever been arrested, charged, or convicted of a firearms or explosives charge? 23c Are there currently any charges pending against you for any criminal offense? 23d Have you ever been arrested, charged, or convicted of any offenses related to alcohol or drugs? 23e Have you ever been arrested, charged, or convicted of any other type of offense? Leave out traffic fines of less than \$100. Law Enforcement Authority or Court (City and county/country if outside the U.S.) State **ZIP Code** Date (Month/Year) Offense **Action Taken** Your Involvement With Alcohol and Dangerous Drugs, Including Marijuana and Cocaine This item concerns the use of alcoholic beverages, and the supplying or using, without a prescription, of marijuana, cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), stimulants (cocaine, amphetamines, etc.), depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics Yes No (LSD, PCP, etc.), or other dangerous or illegal drugs. 24a Do you now use, or within the last 5 years have you used, alcoholic beverages habitually to excess? Do you now use or supply, or within the last 5 years have you used or supplied, marijuana, cocaine, narcotics, hallucinogenics, or other dangerous or illegal drugs? If you answered "Yes" to question a or b above, provide at the top of page 8 information relating to the types of substance(s) used, the

Enter your Social Security Number before going to the next page.

periods and frequency of use for each, and any other details or explanation relating to your use of these substances.

25 Have you endelow. Given From (Month/Year)	Juited States in below. If "Yearance code, ar you don't know ating Agency tment ent	Government ever investes, but you can't recall as appropriate, and "Dow or can't recall if you w	e you eve o" starting e/Address (// stigated y all the inv	Your Medicar had medicar from the presson, Honelude country our Investigating ag	ical Record al treatment for a esent. espital, or Instituti y if outside the Uni gations Record und? If "Yes", u ency and/or the s	mental cor			Yes No
below. Gives From (Month/Year)	Juited States in below. If "Y earance code, a ryou don't know ating Agency tment ent innel Managem	Government ever investes, but you can't recall as appropriate, and "Dow or can't recall if you w	o" starting le/Address (// You stigated y all the inv on't know	er had medica g from the pre s of Person, He nclude country our Investig your backgro restigating ag	Il treatment for a esent. pospital, or institution of the University of outside the University of the University of the University of the State of the University of the State of the University of the State of the	on Providir lited States,	ng Treatment)		
below. Gives From (Month/Year)	Juited States in below. If "Y earance code, a ryou don't know ating Agency tment ent innel Managem	Government ever investes, but you can't recall as appropriate, and "Dow or can't recall if you w	o" starting le/Address (// You stigated y all the inv on't know	er had medica g from the pre s of Person, He nclude country our Investig your backgro restigating ag	Il treatment for a esent. pospital, or institution of the University of outside the University of the University of the University of the State of the University of the State of the University of the State of the	on Providir lited States,	ng Treatment)		
below. Gives From (Month/Year)	Juited States in below. If "Y earance code, a ryou don't know ating Agency tment ent innel Managem	Government ever investes, but you can't recall as appropriate, and "Dow or can't recall if you w	o" starting le/Address (// You stigated y all the inv on't know	er had medica g from the pre s of Person, He nclude country our Investig your backgro restigating ag	Il treatment for a esent. pospital, or institution of the University of outside the University of the University of the University of the State of the University of the State of the University of the State of the	on Providir lited States,	ng Treatment)		
below. Gives From (Month/Year)	Juited States in below. If "Y earance code, a ryou don't know ating Agency tment ent innel Managem	Government ever investes, but you can't recall as appropriate, and "Dow or can't recall if you w	o" starting le/Address (// You stigated y all the inv on't know	er had medica g from the pre s of Person, He nclude country our Investig your backgro restigating ag	Il treatment for a esent. pospital, or institution of the University of outside the University of the University of the University of the State of the University of the State of the University of the State of the	on Providir lited States,	ng Treatment)		□ X
From (Month/Year)	To Month/Year) United States In below. If "Y earance code, a r you don't know ating Agency tment ent nnel Managem	Nam Government ever inves 'es", but you can't reca as appropriate, and "Do w or can't recall if you w	Your Your Your Your Your Your Your Your	our Investiguer backgrovestigating ag	espital, or Instituti y if outside the Un gations Record und? If "Yes", u ency and/or the s	ited States)	State	ZIP Code
Has the U information code or cle is "No", or Codes for Investiga 1 - Defense Depart 2 - State Departme 3 - Office of Person Date (Month/Year) To your kn debarred find Date	United States In below. If "Y earance code, a r you don't know ating Agency tment ent nnel Managem	Government ever inves 'es", but you can't reca as appropriate, and "Do w or can't recall if you w 4 - FBI	Your Your Your Your Your Your Your Your	our Investiguour backgrovestigating ag	gations Record und? If "Yes", u ency and/or the s	ited States)	State	ZIP Code
information code or cle is "No", or Codes for Investiga 1 - Defense Depart 2 - State Departme 3 - Office of Person Date (Month/Year) To your kn debarred fr Date	n below. If "Y earance code, a r you don't know ating Agency tment ent nnel Managem	'es", but you can't reca as appropriate, and "Do w or can't recall if you w 4 - FBI	stigated y all the inv on't know	our backgro	und? If "Yes", u ency and/or the s	se the cod	es that follow to provide the		
information code or cle is "No", or Codes for Investiga 1 - Defense Depart 2 - State Departme 3 - Office of Person Date (Month/Year) To your kn debarred fi	n below. If "Y earance code, a r you don't know ating Agency tment ent nnel Managem	'es", but you can't reca as appropriate, and "Do w or can't recall if you w 4 - FBI	stigated y all the inv on't know	our backgro	und? If "Yes", u ency and/or the s	se the cod	es that follow to provide the		_1_1_1_1_1
1 - Defense Depart 2 - State Departme 3 - Office of Person Date (Month/Year) 7 To your kn debarred fr	tment ent nnel Managem			tigated and c		"Other Ag	earance received, enter "Othe gency" heading, below. If you	r" agency	
2 - State Departme 3 - Office of Person Date (Month/Year) C To your kn debarred fr	ent nnel Managem			Codes for 0 - Not Re	Security Cleara				D. Niamananiki a
Date (Month/Year) C 12-65 To your kn debarred fr		5 - Treasury Dep ent 6 - Other (Specif		1 - Confid	lential 4 -		Compartmented Information	7 - L	
To your kn debarred fr	Code	Other Agency	<i>y)</i>	2 - Secret Clearance Code	Date (Month/Year)	Q-Sensitiv Agency Code	e Other Agency	8-(Other Clearance Code
To your kn debarred fr	D	on't Recal		0	6-81	2			2
Date	nowledge, have		nce or acc			pended, o	revoked, or have you ever be	een	Yes No
(MOIIIII Year)	12 1100 300	artment or Agency Taking			Date		Department or Agency Tak	ing Action	
					(Month/Year)		1330		
				Your Finar	icial Record		*****		
28a Have you,	Vour englise	or a company effectively							Yes No
28b Have you,	your spouse, o	or a company effectively	controlle	d by you bee	n declared bankr	upt?		·	×
		or a company effectively or a company effectively							7
f you answered "Ye	es, to a, b, c, c	or d above, provide date	of initial a	action and oth	ner information re	quested b	elow.	1 1	
Date (Month/Year)	Type of Action	Name Action (Occurred I	Jnder	Name/Addr	ess of Cou	rt or Agency Handling Case	State	ZIP Code
				,					
							ent loans or obligations funded ade and other information requ		
	Type of Loan or Obligation			Name/Addr	ess of Creditor or	Obligee		State	ZIP Code
						-			
								1	
									1 1 1 1
Enter your So	orial Saguri	ty Number tefore	going	to the nex	zt nage				احم م
Page 8	Ciai Scouli	ty runnot stole	going	to the nex	r pago.	-0	20.6-	5 Y -	60,87

	Your Association Record		
30a	Have you ever been a member, officer, comployee of the Communist Party?	Yes	s N
30b	Have you ever been a member, officer, or employee of any organization, association, or group which: 1) advocates the overthrow of our Government; 2) advocates or approves of committing acts of force or violence to deny others their constitutional rights; or 3) wants to change our form of Government by unconstitutional means?		X
30c	Have you ever made a financial or other material contribution to any organization of the type described in Questions 30a or 30b? If you answered "Yes", to 30a, 30b, or 30c, answer 30d, 30e, and 30f.		X
30d	At the time of your membership, participation, or contribution did you know of the unlawful aims of the organization(s)?		T
30e	Did you intend to promote the unlawful aims of the organization(s)?		T
30f	List each organization and provide an explanation of your involvement and activities with each one:		
	Continuation Space		
Use the	e continuation sheet(s) (SF 86A) for additional answers to questions 9, 10, and 11. Use the space below to continue answers to all other of	questior	ns ar

Continuation Space
Use the continuation sheet(s) (SF 86A) for additional answers to questions 9, 10, and 11. Use the space below to continue answers to all other questions any information you would like to add. If more space is needed than what is provided below, use a blank sheet(s) of paper. Start each sheet with your name social Security Number. Before each answer, identify the number of the question.

After completing Parts 1 and 2 of this form, you should review your answers to all questions to make sure the form is complete and accurate, and then sign and date the following certification and sign and date the release on page 10.

Certification That My Answers Are True

I read and understood the instructions explaining the purpose of this form and the Federal Government's authority for asking the questions. I read each question asked of me and understood each question. I understand that if I did not tell the truth on this form or did not list all relevant or material facts or events, the Federal Government may fire me, may not hire me, may deny or revoke my clearance, or may prosecute me. I understand that prosecution may result in my being fined up to \$10,000, imprisoned up to 5 years, or both.

Enter your Social Security Number before going to the next page.

11-30-88 206-34-6087

Form Approved: O.M.B. No. 3206-0007 Expires: 8-31-90 NSN 7540-00-634-4036

UNITED STATES OF AMERICA

Carefully read this authorization to release information about you, then sign and date it in ink.

AUTHORITY FOR RELEASE OF INFORMATION

I Authorize any duly accredited representative of the Federal Government, including those from the U.S. Office of Personnel Management, the Federal Bureau of Investigation, and the Department of Defense, to obtain any information relating to my activities from schools, residential management agents, employers, criminal justice agencies, financial or lending institutions, credit bureaus, consumer reporting agencies, retail business establishments, medical institutions, hospitals or other repositories of medical records, or individuals. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, personal history, disciplinary, criminal history record, arrest, conviction, medical, psychiatric/psychological, and financial and credit information.

I Further Authorize the U.S. Office of Personnel Management, the Federal Bureau of Investigation, the Department of Defense, and any other authorized agency, to request criminal history record information about me from criminal justice agencies for the purpose of determining my eligibility for access to classified information, or assignment to, or retention in, sensitive national security duties, in accordance with 5 U.S.C. 9101.

I Direct You To Release such information upon request of the duly accredited representative of any authorized agency regardless of any agreement I may have made with you previously to the contrary.

I Understand that the information you release is for official use by the Federal Government, and that these users may redisclose the information you release as authorized by law.

I Release any individual, including records custodians, from all liability for damages that may result to me on account of compliance or any attempts to comply with this authorization. This release is binding, now and in the future, on my heirs, assigns, associates, and personal representative(s) of any nature. Copies of this authorization that show my signature are as valid as the original release signed by me.

Signature (Sign in ink)	Full Name (Typed)
(hel by Ole VV	CARL M. SHOFFLER
Other Names Used	Social Security Number 20,6 - 3,4 - 6,0,8,7
Current Address (Street, City)	State ZIP Code Home Telephone Number
2930 TALLOW LANE BOWIE Md.	Md 20,7,1,5 (Include Area Code)
Date Parent/Guardian Signature (If Required)	
12-15-88	

Page 10

AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize any Special Agent or other authorized representative of the Federal Bureau of Investigation bearing this release, or copy thereof, within one year of its date, to obtain any information in your files pertaining to my CPA/State Bar records (including any grievance records), employment, military, educational records (including, but not limited to, academic, achievement, attendance, athletic, personal history, and disciplinary records), medical records, credit records, (including credit card and payment device numbers), and law enforcement records (including, but not limited to, any record of charge, prosecution or conviction for criminal or civil offenses). I hereby direct you to release such information upon request to the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Federal Bureau of Investigation. Consent is granted for the Federal Bureau of Investigation to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, retail business establishment, law enforcement agency, or criminal justice agency, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I am furnishing my Social Security Account Number on a voluntary basis with the understanding such is not required by Federal statute or regulation. I have been advised the FBI will utilize this number only to facilitate the location of employment, military, credit, and educational records concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below.

	Full Name:	fall monthler
		(Signature)
		(Include maiden & any other previously-used name)
		Charles Classics
	Full Name:	CARL M ShOFFLER
		(Typed or Printed)
		(Include maiden & any other previously-used name)
	Social Security Account	Number: <u>206 34 6087</u>
	Danant on Occasion	
	Parent or Guardian: (If required)	
	Data	11-30-88
	Date:	11-30-00
	Current Address:	2930 TALLOW LANE
	_	Bowie Md 20715
		3 1/1/27
	Telephone Number:	301-464-2427
	CPA/Bar Membership(s)	STATE
	,	
		REGISTRATION NUMBER
Witness:		
williess	(Special Agent)	

Federal Bureau of Investigation

```
***PERSONA-FILE FOR EMPLOYMENT PURPOSES**
    007 CBI WASH DC 12501 PROSPERITY DR SILVER SPRING MD 20904
301/680-07/0
SINCE 09/12/73
                                           FAD 07/07/88
FN-136
% 2930,TALLOW,LA,BOWIE,MD,20715

$\infty 3808,28TH,AVE,HILLCREST HEIGHTS,MD,20031,CRT RPTD 07/85

MAR-M, BDS-06/17/45, SSS-206-34-6087
**01 ES-DETECTIVE, MET POLICE DEPT, WASHINGT, DC, EMP 00/69
#02 EO-SALES,WOODWARD N LOTHROP CO,SLVR SPG,MD,EMP 00/73
**SUM-08/71-11/88,PR/OI-NO,FB-NO, ACCTS:20,HC$0-42500, 20-ONES.
**INQS-BG & E
                  801UE14
                             07/07/88
                                          WOODIES
                                                     491DC5479
09/29/87
      .RESORT INC 864RE74
                             02/27/87
     FIRM/ID CODE
                        RPTD
                             OPND H/C TRM BAL P/D CS MR ECOA
ACCOUNT NUMBER
₩MD BK
           *8010N119
                       10/88 04/77 2511 70
                                            2358
                                                     R1 12 S
    AMOUNT IN H/C COLUMN IS CREDIT LIMIT
*WOODIES
           *491DC5479
                       11/88 03/74 2500
                                               0
                                                     R1 60 I
*
    AMOUNT IN H/C COLUMN IS CREDIT LIMIT
*
XSEARS
           *906DC29
                       11/88 11/74 2017
                                            1964
                                                     R1 99 U
    30(02)60(00)90(00) 01/84-R2,11/83-R2
DLA 11/88
#CVCH VISA *4910N65852 11/88 01/87 5000 138 4602
                                                     R1 21 I
    AMOUNT IN H/C COLUMN IS CREDIT LIMIT
₩HECHT CO
          *491DC2872
                       10/88 06/74
                                    341
                                               0
                                                     R1 59
*PEEBLES
           *852DC105
                       11/88 10/76
                                    350 10
                                              29
                                                     R1 26 I
    30(00)60(02)90(00) 11/87-R3,05/87-R3
DLA 08/88
   AMOUNT IN H/C COLUMN IS CREDIT LIMIT
%CITICORPVS*906BB115
                       10/88 10/81 3900 20
                                              22
                                                     R1 81 A
%FNB-CINN
           *906BB3796
                       10/88 11/86 332 10
                                             171
                                                     R1 23 J
*CHOICE
           *9050N309
                       10/88 06/80 3000 55
                                            1815
                                                     R1 02 A
×
**CHOICE
           *9050N309
                       10/88 05/77 2500
                                               0
                                                     R1 71 A
   CLOSED ACCOUNT
```

loaused a search to be made SILVER SPRING of the files of The Credit Bureau, Incorporated, Washington, C., and was advised on ... 00, that the riles contained (a satisfactory credit record) (no credit rating). (no record) for the

b6 b7C

b6

b7C

FD-36 (Rev. 8-29-85)

WMFO 259C-NEW

	N	ame	DOB	<u>Agency</u>	
1. 2. 3. 4.	CARL M.	SHOFFLER	06/17/45	MPD, WDC	b6 b7C
and	crimina cks are	n an effort to expereliminary investi and indices check reported below:	gations con s. The res	sisting of credit ults of these]
(ບຣ.	minai Red P), Richi	n 12/20/88 a comput cords Exchange (CCR mond, Va., failed t e with candidates	E). Virgini	a State Police	Ъ6 Ъ7С
loca in a	artment, ated rega	f the Fairfax Count and was advised on	y, Virginia <u>12/2</u> 2/88, 1 T+ i	that no record was	
cand	lsed on i didates es an inc	Arlington, Virgin	ia, Police) ecord was lo It is to be identified ;	ocated concerning e noted that at all records are out of	
loca	ted conc and finite r	the Washington, D. and was advised on I erning candidates S	C. Metropol 12/27/88, th SHOFFLER, noted that a led records	at no record was	
have	ng, Ma. : satisfa	of the Credit Bure on 12/20/88. All c ctory credit rating been enclosed with	eau, Incorport of the candi	dates appeared to of the credit.	

WMFO 259C-NEW

	'n6
On 1/5/88, IA caused a search	b7C
to be made of the Herndon, Va. Police Department and no	
record was identifiable with the candidate,	

On 1/10/89, IA searched the files of the U.S. Park Police and no identifiable adult criminal record-could be located regarding any of the candidate.

A review of WMFO general indices, confidential indices and Elsur indices revealed numerous items identifiable with each of the candidates, none of which were derogatory. Each of the candidates have assisted with Eureau investigations in the past and that was the nature of the indices report.

WMFO is placing this matter in a pending inactive status awaiting the authorization of FBIHQ to conduct the appropriate background investigation.

Federal Bureau of Investigation Records/Operations Sections

7	
r	`
	_/
٠	_

FR UTD	<u>ئ</u> ئۆن:«ئىن	9 <u></u> _	1	4
□ Name Searching Unit, 4989, TL# 121 □ Service Unit, 4654, TL# 225 □ Special File Room, 5991, TL# 122 □ Forward to File Povious 5447 TL# 142 □ Attention □ Return to		10		b6 b70
Supervisor, Room, TL#				
Scope of Search: (Check One) Automated Data Base - 5 & 20 Automated Data Base - 5 & 30 Unrestricted (ADB & Inactive Index)	,, , ,	, ,	3	1989
Type of Search Requested: ☐ All References (Security & Criminal) ☐ Security Search ☐ Criminal Search ☐ Main	R	efe	enc	es Only
Special Instructions:				
☐ Exact Name Only (On the Nose) ☐ Buildup ☐ Variations ☐ Restricted to Locality of			-	
Subject Shorfler (Art M) AKA(s)				
			····	
Birthdate & Place/				
SSAN			-	
Localities 7/1			7	/_
R# Date Searcher In	itials	3	7	1)
File Number Serial	Ident	ADB	Inactive	Date of Ref M/Y
65-73368-5				
IAR 2				
(Ar)				
IN 105-329815	. //	7		126
		- 7	70	757 —
ATT PERCENTAGE				
FLETT IN THE GOVERNMENT	H)	* 34	/	
11/12/198 (824	D	17	14	700
17/01/ 1			7	
		1		
Li. 1	*3	Í	- :	
	,	- /	_	
		Д		

Federal Bureau of Investmion Records/Operations Sections

FR UTD	,	19		
 Name Searching Unit, 4989, TL# 121 Service Unit, 4654, TL# 225 Special File Room, 5991, TL# 122 Forward to File Review, 5447, TL# 143 Attention Return to Supervisor, Room, TL# 	, Ex	t.		
Scope of Search: (Check One)				
☐ Automated Data Base - 5 & 20 ☐ Automated Data Base - 5 & 30 ☐ Unrestricted (ADB & Inaetive Index)				
Type of Search Requested: ☐ All References (Security & Criminal) ☐ Security Search ☐ Criminal Search				
☐ Main	_ R	lefe	renc	es Only
Special Instructions: ☐ Exact Name Only (On the Nose) ☐ Buildup ☐ Variations ☐ Restricted to Locality of				
Subject Sudd MARG AKA(s)		·		
Birthdate & Place				
Localities				
R# Date Searcher I	nitials	S	((v)
14	dent	ADB	nactive	Date of Ref M/Y
File Number Serial	Ö	A	ũ	ñ ñ
3/- 93060	<u> </u>	<u> </u>	_	
NR - 105 - 1/30	7-	7		
NX 100 - 432132	2-1			
100				
N/R + 100-13133	1/	, _		
101-016-	<u> 170</u>	15	-/-	24
11- 01-5959-	7-4	6	1	7
111-1702-1	1	,		
100-118306	17	7	- 3	
157-6-4-	41			
115-128405	· - -/			
200	7 1	5	10	
1.01,-4997	1-1		70	
NT 157-6-54-	4	50)	
WK + 157-19214	/			
157-22-24	1/-	7-	7	
100	4	2	_	
100-46123		<u>/</u> (<u>.</u>	
		1		
	~	إنسا		

Federal Bureau of Investation Records/Operations

FR UTD		_, -	19_						
☐ Ser ☐ Spe ☐ For ☐ Atte	 □ Name Searching Unit, 4989, TL# 121 □ Service Unit, 4654, TL# 225 □ Special File Room, 5991, TL# 122 □ Forward to File Review, 5447, TL# 143 □ Attention								
☐ Ret	urn toSupervisor, Room, TL#	, Ex	t.						
Scope of	Search: (Check One)								
☐ Aut ☐ Aut	omated Data Base - 5 & 20 omated Data Base - 5 & 30 estricted (ADB & Inactive Index)								
· ☑ All ☐ Sed	Search Requested: References (Security & Criminal) Parity Search Parity	. R	lefe	renc	ces Only				
	nstructions:								
☐ Bui	ct Name Only (On the Nose) dup				b6				
Subject _ AKA(s) _					b7				
Birthdate	& Place								
SSAN Localities									
Localities	2/		•	0					
R# Prod	Date 2/6 Searcher In	itials	3	1					
	/ File Number Serial	Ident	ADB	Inactive	Date of Ref M/Y				
NCO	105-341549-1	37	7-1	Enc.	INC				
				,					
									
		<u> </u>							
		<u> </u>							
		_			! 				
			_						
	• .								
	MAA								
	WAR S	C	19	3					
			77						
	Y	۱ ۱ ۱		1					

	• , \$3	
	13)	,
. •	P 402	

Date:

Name Searching File Review To:

Industrial Security and Clearance Investigations Unit Operations Section Records Management Division From:

DOJ	Reques	other:
(1)		Please search subject and relatives on the attached SF-86. Also included in search should be all organizations which have been marked off in red.
(2)	· 🗓 ·	Forward to File Review, Room 5447, TL# 143.
(3)		Return to: ISCIU, Room 4252, TL# 242

.b6 b7C Standard Form 86
Revised October 1987
U.S: Office of Personnel Management
FPM Chapter 736

QUESTIONNAIRE FOR SENSITIVE POSITIONS



Form Approved:
O.M.B. No. 3206-0007
Expires: 8-31-90
NSN 7540-00-634-4036

,	or Chapter 750																	r	DN /540-	JU-634-4U3(
	Part	OPM USE								1	Codes	_			1	Case	Numbe	r		
		ONLY		er-Jak		and a The S	Part of the	W174-74	100	1 1 1 1	20 Co. 170		·	G ************************************	,	dan		e constraint	Seeda OS453	to reduced.
7	Type.of			Olly	(umptetes				$\overline{}$		$\overline{}$	ions in FPM	Տարը	eme					
	Investigation		Extra Coverage	.	,		. 10	Sensitiv Level	ity		Access		Nature of Action Code				Date of Action	Month	Day	Year
G	Geographic I				H	Position	·	Posit	——— ion				7.0.0.7.0000					LL.		
	Location			,	• •	Code		Title	1017											
J		K Loc	ation of C	ffi-		None	Other	r Address		*								Z	P Code	
	SON _I	1	Personn	el		NPRC														!
		Fold	der .		Ц	At SON	<u> </u>												_Lt_	
L		M Loc	ation			None	Other	r Address										Z	IP Code	
	SOI	1	ecurity		\dashv	At SOI														
M		Fold	iei	O Acc		NPI nting Data	l												1	
IA	SIBAC Number			o and	d/or.	Agency lumber	l													
P	Name	and Title			36 1	dulinet.	<u> </u>	Signatur						Tolor	hone	Numb	· ·	Г	ate	
	Requesting							j						•		rea C		ı	aic	
	Official												•							
$\mathcal{E}(\lambda)$	Per	SORS CO	mpletir	gthis	fő	rmshou	ld beg	in with	the	que	stions b	elo	w. Please tyr	eor	orini	vou	dans	verse		4
1	FULL 11 . /10	al i			_	ne, use the			2. 2.6			100	,"Sr.", "II", etc., ent		1			2	DATE O	F
	NAME.	ou have n	o middle	name, ei	nter-	"NMN".		***	,		-		iddle name ·						BIRTH	
	Last Name				F	irst Name	1					Midd	lle Name			Ab	JV.	Month	Day	Year
_		FFL					AI	21		7000022			m	~~~			~~~	6	77	45
3	PLACE OF BIRTH	· June - Us	e the two	letter-co	de-f	or the state			NACIONAL PROPERTY.			·	PALITY PRODUCES THE SAME		4-	so	CIAL SE	ECURN	Y NUME	ER
No opt	City	7: 1	r Th	County		Market and a	سر بالله	State	Count	ry (it i	not in the U	Inite	d States).	1 Trace	3	·····	- · · · · ·	11		
_	OTHER G	LANd				mberl	MNd	[A		•	·····				20	0,6	-3	7 -	6.0	8/
5	NAMES ~ ~	ive other n	ames you	used a	nd ti	he period o	f time y	ou used th	em (/	for			e[s], alias[es], or n	icknam	e[s]).	If the c	ther na	me is y	our maid	en name,
•	Name	хатріе: у	our maide	en name	η; πε	ame(s) by a						out "r	nee" in front of it.				F/8.6			
	* ***	···	·			Fro		Month/Y To	ear.	Nam	е			-			Mont	h/Year	*** ** ** *	h/Year o l
	Name	, , , , , , , , , , , , , , , , , , , ,			· 	Mont	ı∕Year	Month/\	/ear	Nam	<u> </u>	<u> </u>	40	17/444	· · · · · · · · · · · · · · · · · · ·	*, ,		h/Year		1/Year
	of Themselven as a second	. · · · · · · · · · · · · · · · · · · ·			 -	Fre	1	Ţo		,		_~_			-		Fre			o l
6	OTHER	Height (fe	et and in	ches)		Weight	(pound:	s)		Hair	Color		Eye Co	lor	<u> </u>		Sey (m	nark one	· · ·	تــــــــــــــــــــــــــــــــــــــ
	_identifying _information :		5	10"	-	+ 2	10	. *	-	_	ROWK)	1	أنسم	J ~		├ ─ ┐, ,	male		Male
7	TELEPHONE	Work (inc	lude Area	a Code a	and o	extension)	•				e (include i				<u>. </u>		11.6	male		viale.
	NUMBERS	208	2 -7	27	. 2	1312				3	01-4	46	4-2427	7						
8a	CITIZENSHIP	l Manta	Al- a							Iam	a U.S. citiz	zen b	by birth in the U.S.				X Go	to 8c		
		follow	the instr	at the r	rigni	t that app xt to the b	olles to	you and	Ī				but I was NOT bor	n in the	U.S.			to 8b		
<u> </u>		1					-		F	l am	not a U.S.	citiz	en.					to 8d		
8k	UNITED STATES CITIZENSHIP	to the rig	e a U.S. C ght and p	itizen, b rovide in	ut w Iforn	rere not bor nation abor	n in the ut one o	U.S., enter or more of	er you the fo	ır mot ollowi	her's maide	en na of v	ame in the box our citizenship.	Mothe	r's Ma	iden N	lame		4	
.**		men go	to item of	j.																
. 2	Naturalization Cer Court	tificate (vi	nere wei	re you n	atui						01-1-									
~, ~						City -				•	State	• (Certificate Number	r	•		Month/	Day/Ye	ar Issued	•
•	Citizenship Certific	cate /Who	re wee #	o codif	inat	o icerroda	······								Щ,	1				
	City	-210 (11116	1183 [[o cerun	vall	- issueu?)					State	, (Certificate Number				Month/	DayNo	ar Issued	
•								. 4	٠,			Ί					MOUNT	Dayrie	ai issueu	
راجية.	State Department	Form 240-	-Report	of Birth	Abr	oad of a C	itizen o	of the Uni	ed Si	tates						لنظ				
477	Give the date the was prepared and			ay/Year		Explan					•		•							
ب <u>ح</u> *	.was prepared and an explanation if ne	give eded.		3.52.			• •				,		- - •		•					
	U.S. Passport				•												···-			:
	This may be eithe	er a curro	nt or arc	wious !	10	pacaract						P	assport Number				Month/0	Day/Yea	r Issued	
			in or pre	VIOUS L	J.S.	passport	·			_	• •		1 1 1 1 1	1	, 1	,				
8c	DUAL CITIZENSHII	P If you	ı are <i>(or</i>	were) a	a du	ıal citizen	of the	United S	tates	and	another	Ċ	Country	•						
		coun	try, prov	ide the	nar	ne of that	countr	y in the s	pace	to th	e right.	\perp		<u> </u>			• •			
Bd				ovide th	e fol	llowing info	rmation										••••			
	Place You Entere		City					State	Date Mo	e You ! nth	Entered U.S. Day Yea	A A	lien Registration N	lumber		(Country	of Citize	enship	
00.1	the United States	:											1 1 1 1	1	L1.					

9 WHERE YOU HAVE LIVED	
Your Address. In this column, give the information requested for every place you have lived for the past 15 years. Begin with when you live now and work backwards. For any address within the past 3 years that consisted of "General Delivery", a Rural Route, or Sta Route, with no designated street address, don't give that as you address; give where you actually lived and then provide in the space available on page 6 general directions for locating it.	dences you show on the left that you occupied during the last 3 years. Across from each such residence, give the name and address of someone who knew you in that neighborhood; preferably someone who still lives there.
Month/Year Month/Year Street Address (include apartment number, if any)	Name b6
City Present 2930 TALLOW LAN	
Bowie ZIP. Code	Street Andress unclude ananment number if any
Country (if outside the United States)	City
Month/Year Month/Year Street Address (include apartment number, if any)	•
1-73 75-76 3808 28 TA AUC	
HICCREST Hats State ZIP Code	St 4/8
Country (if outside the United States)	
N. J. W. M. A. C.	
Month/Year Month/Year Street Address (include apartment number, if any) To	Name
City State ZIP Code	Street Address (include apartment number, if any)
Country (if outside the United States)	City : , State , ZIR Code
	- Joint 2 in 500e
Month/Year Month/Year Street Address (include apartment number, if any).	Name
City : State : ZIP Code	Street Address (include apartment number, if any)
	4.
Country (if-outside the United States)	City. State ZIP: Code
Month/Year Marth/Year Chant Add a find	
Month/Year Month/Year Street Address (include apartment number, if any)	Name
City State of State	Street Address (include apartment number; if any)
Country (if outside the United States)	City State ZIP Code
10 WHERE YOU WENT TO SCHOOL	
Schools You Attended. In this column, give the information requested below for all schools you have attended beyond junior high school. Begin with the most recent school and work backwards. Use the following codes to indicate the type of school you attended: 1-High School 2-College/University 3-Vocational/Trade School	you show on the left that you attended in the last 3 years. Across
Month/Year Month/Year Code Name of School	Name (instructor, student, etc.)
9-76 TO 5-78 2 P.G. Community	
Street Address Degree/Diploma/Other (show a degree and date received if Co	1
City State ZIP Code.	City State ZIP Code
Month/Year Month/Year Code Name of School	Name (instructor, student, etc.)
Street Address Degree/Diploma/Other (show edgree and date received if Cod	
City State ZIP Code	City State ZIP Code
KULPMINT PIA	
Enter your Social Security Number before going to the	next page. 206 134 1/097

1. YOUR EMPLOYMENT HISTORY Fill in your e	mpl nt and military history	. Begin with the	present	t and backwards 15 year	s. Include:
·	paid work	activ		•	all periods of unemployment
all part-time work all v	oluntary work	• self-	employ	ment	
 If you were in the military, list each duty s If you worked under a contract with the Fe If you were self-employed or unemployed If you list an employer or actual place of e 	ederal Government, name your ed, name someone who can ve	r employer, not the erify it.		•	
Use the following codes for each segment of	of vaur employment history:				•
1 - Active military duty 3 - U.S.	P.H.S. Commissioned Corps	5 - State			- Unemployment
2 - National Guard/Reserve · 4 - Othe	er Federál employment	6 - Self-	employ	rment 8	- Other
Employment. Provide the information requiname of your employer. Enter "self-emplappropriate, and "unemployed" for periods of	loyed" in the box for emp	nployment. Giv lloyer's name v	e the when	Immediate Supervisor Self-employment or Un from each employment information requested bel	nemployment. Across on the left, provide the
Month/Year Month/Year Code Your Position				Supervisor's/Person's Name	Telephone Number
7-69 ToPresen		Telephone Numb	er L	Street Address (ir different than em	nolover si
Metropolitan Police	2 DEBARTMENT	(202)727-4		(,,	h6 -
mployer's Street Address 300 INI Ave	City (Country) (1) Itshiwston)	State ZIP Code)	City	State ZIP Ctb7C
Actual job location if different from Street Address		10 10 10 10		Courtry)	State ZIP Code
employer's address:	paranta. No - 4 N est. At discuss projecte a	a philipped Standards — A States of P	1	P And Address on Contract the Principles of Section 2	
Month/Year Month/Year Code - Your Position	AMERIKAN SERIES SER	haden agreement	-	Supervisor's/Person's Name	Telephone Number
9-65 7-69 1 Solvier		Telephone Numb	er er	Street Address (if different than em	()
U.S. ARMY SecuRITY	AGENCY	(7527)		The management of the state of	
mployer's Street Address	City (Country)	State ZIP Code)	City	State ZIP Code
Actual inh Incation if different from Street Address		<u> </u>	1		<u> </u>
Actual job location if different from employer's address:		1	City (C	Country)	State ZIP Code
Month/Year Month/Year Code Your Position				Supervisor's/Person's Name	Telephone Number
Employer's Name	- 12\m	Telephone Numb	er	Street Address (if different than em	nployer's)
Employer's Street Address	Ohe (Orange)	()	. ,	Oh	manager A. Manager and Sangar and Sangar and Sangar
-inployer a officer Address	City (Country)	State ZIP Code	•	City - ` · ·	State ZIP Code
Actual job location if different from Street Address	SS	-llll -	City (C	Country)	State ZIP Code
employer's address: Month/Year Month/Year Code Your Position			<u> </u>	Supervisor's/Person's Name	Telephone Number
To To				Supervisor on elauna name	()
Employer's Name		Telephone Numb	er	Street Address (if different than en	nployer's)
Employer's Street Address	City (Country)	State ZIP Code	• • •	City	State ZIP Code
2011		1. 1. 1. 1.	1	<u> </u>	
ictual job location if different from Street Address	SS	••	City (C	Country)	State ZIP Code
Month/Year Month/Year Code Your Position		er en en en	!	Supervisor's/Person's Name	Telephone Number
inployer's Name		Telephone Numb	er	Street Address (if different than en	nolover's)
rape var		() -		Officer Address (if different than en	ipidyer sy
mployer's Street Address	City (Country)	State ZIP Code	9 • · · · 7º	City	State ZIP Code
Actual job location if different from Street Address	SS .	11 1-1-1	City (C	Country)	State ZIP Code
employer's address:		•			
Enter your Social Security Number b	efore going to the nex	t page. `	• •	2011	= 34-6087
	- - .			7 KUV.	-1300017

	ei ieiauv	es, or form	ner spou	ses.		·····		 Try not t 	to list anyone r	nentioned	in item	s 9, 10, o	r 11.		·
							Name	•							b6
omber of Years Known -	Day	Tologho	- Nu-	L			Numbe	er of Years	Known	19	- 7 -1	N			_b7c
ome Address							1	18							
ome Address							Home	Addroce							
							,L							!	
Imber of Years Known	Davtim	Telenho	no Num	hái				er of Years	Known	Daytim			•		•
ma Addroce				٦_			Home	Addroce	•						
					• •										
3a Your MEMBERSHIP	N ORGA	NIZATIO		t all U.S e last 15			tions, exce	ept labor	unions, pol	tical, or	religio	ous org	anizati	ons you	belonged
Membership From Month/Year To Month/Year		1		Organiz				ature of At						ganization	
month/rear to Month/Year							°	office Held	, if Any			City (C	Country		
										-				•	
											-				
· . · · · · · · · · · · · · · · · · · ·		******		· •							•				
3b YOUR INVOLVEMENT							-based po								
Involvement From Month/Year To Month/Year		Nam	ne o <u>f</u> Fó	reign Or		oloyee, or a	ctive partic		ny time. filiation/	·	- 1-,0	Location City (C		ganization	
	YOU HA	5. Fa 7 .	ED •	Do no	ganiza t inclu	tionde countrie	s covered	sipant at a ature of A Office Held in items 9	ny time. iffliation/ iffAny , 10, and 11.			- City (6	Busine	ess	3 - Educ
Month/Year To Month/Year	distraction and the second	VE VISIT	ED	Do no Use a	ganiza t inclu	tionde countrie	s covered	ipant at a ature of A office Held in items S show the p	ny time. fflliation/ , if Any	ur visit:	or bugs made	- City (6	Busine Pleasu	ess	
Month/Year To Month/Year 4 FOREIGN COUNTRIES In Country From	distraction and the second	VE VISIT	ED	Do no Use a	ganiza t inclu ppropr	oloyee, or a	s covered	ipant at a ature of A office Held in items S show the p	iny time. Iffliation/ IffAny 10, 10, and 11. Ourpose of your from	ur visit:		- City (6	Busine Pleasu	ess re	3 - Educ
Month/Year To Month/Year 4 FOREIGN COUNTRIES In Country From— Month/Year To Month/Year	distraction and the second	VÉ VISIT	ED	Do no Use a	ganiza t inclu ppropr	oloyee, or a	s covered	ipant at a ature of A office Held in items S show the p	iny time. Iffliation/ IffAny 10, 10, and 11. Ourpose of your from	ur visit:		- City (6	Busine Pleasu	ess re	3 - Educ
Month/Year To Month/Year 4 FOREIGN COUNTRIES In Country From— Month/Year To Month/Year	Code	VE VISIT	ED	Do no Use a	t inclupproprintry	de countrie	s covered r code to s	ipant at a ature of Affice Held in items 5 show the in Countinth/Year To	ony time. Iffiliation/ If Any On 10, and 11 Ourpose of your From O Month/Year uing contact	ur visit:		1- 2-	Busine Pleasu Co	sss re buntry	3 - Educ 4 - Othe
Month/Year To Month/Year 4 FOREIGN COUNTRIES In Country From— Month/Year To Month/Year	Code	VE VISIT	ATIONA	Do no Use a	ganiza t inclu ppropr ntry ave you untry?	de countrie	s covered r code to s	in items 9 show the part or contine informat	ny time. Iffliation/ , If Any 0, 10, and 11 Ourpose of youry From o Month/Year	ur visit:		of a Sov	Busine Pleasu Co	sss re buntry	3 - Educ 4 - Othe
Month/Year To Month/Year 4 FOREIGN COUNTRIES In Country From— Month/Year To Month/Year 5 PERSONAL CONTACT V Period of Contact	Code	VE VISIT	ATIONA	Cour NA LS Ha	ganiza t inclu ppropr ntry ave you untry?	de countrie	s covered r code to s	in items 9 show the part of th	ony time. Iffiliation/ IffAny On 10, and 11 Ourpose of your from the following contact tion below.	ur visit:		of a Sov	Busine Pleasu Co	ess re nuntry	3 - Educ 4 - Othe
4 FOREIGN COUNTRIES In Country From Month/Year To Month/Year 5 PERSONAL CONTACT Period of Contact	Code	VE VISIT	ATIONA	Cour NA LS Ha	ganiza t inclu ppropr ntry ave you untry?	de countrie	s covered r code to s	in items 9 show the part of th	ony time. Iffiliation/ IffAny On 10, and 11 Ourpose of your from the following contact tion below.	ur visit:		of a Sov	Busine Pleasu Co	ess re nuntry	3 - Educ 4 - Othe
Month/Year To Month/Year 4 FOREIGN COUNTRIES In Country From— Month/Year To Month/Year 5 6 6 6:67 2 Period of Contact (From/To)	WITH FO	REIGN N T MARINI d States d States States min	ATIONA Name E SERVI military, g	Do no Use and Cour NA ALS Ha coi of Natio	t inclupproprintry ave you untry?	de countrie	s covered r code to s More	in items 9 show the part of the country Or continue information	ny time. Iffliation/ , If Any 2, 10, and 11 Durpose of your from the contact tion below. of National	ur visit:	ational	of a Sov	Busine Pleasu Co	sss re buntry	3 - Educ 4 - Othe
Month/Year To Month/Year 4 FOREIGN COUNTRIES In Country From— Month/Year To Month/Year 5 PERSONAL CONTACT (Period of Contact (From/To) 6 MILITARY AND/OR ME Have you served in the lave you served in the	WITH FO	VE VISITI VE VISITI VI CO REIGN N T MARINI d States d States d States d Question Mark ti	ATIONA Name E SERVI military, g in 17.)	Cour NA LS Ha coi of Natio	t inclupproprintry ave you untry? and 1	de countrie iate numbe u ever had If "YES",	s covered r code to s More served current mi	in items 9 show the place in Country or continue informat Country	ony time. Iffiliation/ If Any On 10, and 11. Durpose of your year Month/Year uing contact tion below. of National	ur visit: Code with a na	ational 	of a Sov	Busine Pleasu Co	viet bloc,	3 - Educ 4 - Othe
Month/Year To Month/Year 4 FOREIGN COUNTRIES In.Country From— Month/Year To Month/Year 5 PERSONAL CONTACT (Period of Contact (From/To) 6 MILITARY AND/OR ME Have you served in the lift you served in the	WITH FO	T MARINI d States d States fuestion Mark ti	ATIONA Name E SERVI military, g n 17.) he box	Do no Use and Cour NA LS Ha coi of Natio	t inclupproprintry ave you untry? onal ine?and 1 respor	de countrie iate numbe u ever had if "YES", 6c; if you o	s covered r code to s More a personal provide the served current mi	in items 9 show the inth/Year To	ony time. Iffiliation/ If Any On 10, and 11. Durpose of your year Month/Year uing contact tion below. of National	ur visit: Code with a na	ational 	of a Sov	Busine Pleasu Co	sss re buntry	3 - Educ 4 - Othe

Month		s <i>ervice)</i> . Use one o icer or "E" for Enlist		in the box for		•	Coast Guard Merchant Marine	
	h/Year Month/Year			/ 3	O E Month/Year Month		Certificate Number	[0]
	45 TO7-69	2 RA 138	858900	>	X ™		•	
7	YOUR RELATIVES 1 - Mother 2 - Father 3 - Stepmother	S Give full names a 4 - Stepfather 5 - Foster par 6 - Child (add	r rent	correct code fo 7 - Śtep 8 - Brot 9 - Siste	her 11 ·	- Stepbrother - Stepsister	13 - Half-sister b6 14 - Father-in-law b7C	Guardian
Full i	Name (if deceased, before entering	check box on the left ng name)) Code	ate of Birth nth/Day/Year	Country of Birth	Country of Citizenship	Current Street Address and Cit (country) of Living Relatives	Sta
	ELENORE	Shorrien	1 5	-13-29	<i>4.</i> 5-	4.5	Koiser Pa	P_{i}
深	ALCEN	Shoppier	2 3-	23.19	<u>U. 5.</u>	4.5	Keiser	" P.
Th.	GEORGE TO	_30 PD(0)	14 1	2.11.98	H. S.	4.5.	NIA 1306 Chemung	ا ا
لِكِ	MAKK	Born	15 11		<i>u.</i> s	<i>4.</i> s.	SHAMOKIN	7/
֡֜֝֜֜֝֓֓֓֓֓֓֓֜֝֟֝֓֓֓֓֓֓֓֓֓֓֓֡֝֡֓֡֝֡֓֡֝֡֡֝֡֡֡֡֝֡֡	ALCEN S	40FFGER/	8 7	-21-46	u.s	4.5	N/n	
	,		1 1		7.	1	I	<u> </u>
<u>~:</u>	A STATE OF THE PERSON AS A STATE OF THE PERSON	•	<u> </u>	/	<u> </u>	<u></u>	<u> </u> b6	
18	YOUR MARITAL S	,		ng boxes to sho	ow your current marital	status:	b7C	
	1 - Never m	narried (go to questio	on 19)		3 - Separated 4 - Legally separa	tôd.	5 - Divorced 6 - Widowed	
•		Complete the following	about your curr	ent spouse.	Legally Separa		1 1 0 - ANIGOMEG	
	Full Name	711		ate of Birth	Place of Righ /Include co	nuntry if outside the US 1 ^	Social Security Number	
	L							
****			(Nee)		c., and show dates used to			6.3° 2° 2° 2° 2° 2° 2° 2° 2° 2° 2° 2° 2° 2°
	Country of Chrisens	• • •	Ta	hamself et	"Place Married "Include o	Annia if Anicide the LLS I	and the second s	
		of Separation (Mo./Da	v/Yr.) If Lea	ally Separated V	Where is the Record Locat	ed? City (Country)		Sta
	,	,	<i>y, m.</i> , Log	any Ocparated, 1	There is the Hecold Local	ed: Ony (Obbinay)		1
	Address of Current	t Spouse (Street, city, a	and country if ou	ıtside the U.S.)			ı State ı ZIP i	للب
			a about your fo					Code
	rormer Spousers	 Complete the following 					•	Code
FFEETER W	Full Name) Complete the followin	1755-7	ate of Birth	Place of Birth (Include co	ountry if outside the U.S.)	enter of the state	Code Sta
	* * * * * * * * * * * * * * * * * * * *	Complete the followin	1755-7		Place of Birth (Include co		samen ere amende i dentom enem	Sta
	* * * * * * * * * * * * * * * * * * * *	. W.A.	D	ate of Birth	A CLE AND THE			Sta
A STATE OF THE PARTY OF THE PAR	Full Name Country of Citizens Check One, Then	ship Give Date	D	ate of Birth ate Married	Place Married (Include c	ountry if outside the U.S.)	n tidan ing sa ₹	<u>`</u>
	Full Name Country of Citizens Check One, Then	Ship Give Date Widowed	Do	ate of Birth ate Married nth/Day/Year	Place Married (Include c	ountry if outside the U.S.)	ntry)	Sta
	Full Name Country of Citizens Check One, Then	ship Give Date	Do	ate of Birth ate Married nth/Day/Year	Place Married (Include c	ountry if outside the U.S.)	ntry)	St.
19	Check One, Then Divorced Address of Former Does the citizen required below.	Give Date Widowed Spouse (Streat, city, and of another country, If a United States of	Monor a United litizen by othe	ate of Birth ate Married Inth/Day/Year Itside the U.S.) States citizen r than birth live	Place Married (Include c If Divorced, Where is the by other than birth, lives with you, show both	nountry if outside the U.S.) Record Located? City (Cou	ntry)	Sta
19	Check One, Then Divorced Address of Former Does the citizen required below.	Give Date Widowed Spouse (Street, city, and of another country,	Monor a United litizen by othe	ate of Birth ate Married Inth/Day/Year Itside the U.S.) States citizen r than birth live	Place Married (Include c If Divorced, Where is the by other than birth, live s with you, show both	nuntry if outside the U.S.) Record Located? City (Cou e at your residence? If 'United States' and pr	"Yes", provide the information for country of citizenship below.	Sta
19	Check One, Then Divorced Address of Former Does the citizen required below.	Give Date Widowed Spouse (Street, city, and of another country, If a United States of pouse or other relations)	Monor a United litizen by othe	ate of Birth ate Married Inth/Day/Year Itside the U.S.) States citizen r than birth live	Place Married (Include c If Divorced, Where is the by other than birth, live s with you, show both	nountry if outside the U.S.) Record Located? City (Cou	State ZIP (Sta
9	Check One, Then Divorced Address of Former Does the citizen required below.	Give Date Widowed Spouse (Street, city, and of another country, If a United States of pouse or other relations)	Monor a United litizen by othe	ate of Birth ate Married Inth/Day/Year Itside the U.S.) States citizen r than birth live	Place Married (Include c If Divorced, Where is the by other than birth, live s with you, show both	nuntry if outside the U.S.) Record Located? City (Cou e at your residence? If 'United States' and pr	"Yes", provide the information ior country of citizenship below.	Sta Sta
19 Ente	Check One, Then Divorced Address of Former Does the citizen required below. Don't list your sp	Give Date Widowed Spouse (Street, city, and of another country, If a United States of pouse or other relations	or a United itizen by othe ves you provide	ate of Birth ate Married ath/Day/Year atside the U.S.) States citizen r than birth live ded in question	Place Married (Include c If Divorced, Where is the by other than birth, live s with you, show both 17. Country of	nuntry if outside the U.S.) Record Located? City (Cou e at your residence? If 'United States' and pr	"Yes", provide the information ior country of citizenship below.	Sta Sta
I9 Ente	Check One, Then Divorced Address of Former Does the citizen required below. Don't list your sp	Give Date Widowed Spouse (Street, city, and of another country, If a United States of pouse or other relative Name of Person	or a United itizen by othe ves you provide	ate of Birth ate Married ath/Day/Year atside the U.S.) States citizen r than birth live ded in question	Place Married (Include c If Divorced, Where is the by other than birth, live s with you, show both 17. Country of	nuntry if outside the U.S.) Record Located? City (Cou e at your residence? If 'United States" and pr	"Yes", provide the information ior country of citizenship below.	Sta

CONTINUATION SPACE: Use the contin	Space For Co	tional answers to questions 0, 10	and 11 Upp the space hele	to continue
to all other questions. If more space is need	eded than what is provided below,	go to page 9. Before each answe	er, identify the number of the c	to continue ansv Juestion.
17-				
7				
17=				
√7- [™]				
**************************************			b6	
			b7c	•
•	•			
41		•	- 4	* * - * * * * * * * * * * * * * * * * *
26- U.S. ARMY :	Security AGENCI	- TOP Secr	et crypto o	Lengance
The second of th	A free of the state of the stat	e to wall state of the	A CONTRACTOR	TO SELECTION SE
	,	······································		
	-			- •
			,	
	·		•	
			A Application of the particle of the state o	
and the second of the second o	· designed of the American American States and the states of the states	man and the same of the same o	an agreement to a to the second	
1.			<u> </u>	<u> </u>
***	· -	• • • • • • • • • • • • • • • • • • • •		
		•		
		***************************************	The same and and the same and t	
The state of the s	A CONTROL OF THE CONT	· · · · · · · · · · · · · · · · · · ·		with the of a single-time that is a single-time.
A THE STREET OF THE STREET STREET, STR	Safter Care to publicate Assessment and Adoption and All Control and Enterior Assessment Assessment	entances — and , were not marked to define a separate and analysis and a second and a second and a second and a	The Transfer of the Transfer o	
A No. organization of the contraction of the contra	So the supplement of control of the supplemental supplements of the supplemental s		The state of the s	
Mar of the first of the second state of the se	•		•	
		AND	The time designed is to define the configuration of	* v ~ v *** **** *
•				
-				
		•		
		_		
		•	•	
,				
	•			
				· · · · · · · · · · · · · · · · · · ·
his concludes Part 1 of this form. If you h	ave used Page 9 continuation sh	eets or blank sheets to		*************************************
omplete any of the questions in Part 1, give	the number for those questions in	n the space to the right:		
inter your Social Security Num			0 - 41 13 4	(! / . ^ *
Domo C	7 00 00 00 00	h.2	2,0,6 - 3,9	-6081

Page 6

	·	2-NCIC (Return	to:TSCTU)
* .			l to ISCIU) (Mater : :
To:	NCIC, Room 7233 OCIS, Room 3049 IIS, Room 4166 ELSUR, Room 4997	Date: 03/03/8	b6 b7c
From:	Industrial Security and Clear Room 4252	arance Investigation	ns Unit (ISCIU)
Subject:	CARL M. SHOFFLE	FR	•
•	BUDED: 03/08/89		
for a sec appropria subject, the resul in the sp	The Bureau has been requested tion of the above-named indiversity clearance. The indicate indices based upon available employment, and all close relate of your checks, whether possess provided below, and related	ridual, who is being ed Unit is requeste le information cond atives. It is requ sitive or negative,	considered to check the cerning tested that the cerning tested that the cerning to be indicated to the cerning tested tested the cerning tested t
a sealed	a. A. A. M. S.	married and the state of the st	
	The subject is described as	follows:	
Result:	Name: CATT M SHOT	ELER-SANS	The state of the s
A	"DPOB: 06/17/45 "		
THE PARTY OF THE P	SSAN: <u>206-34-6087</u>	The state of the s	
	Current Residence: 2930) TALLOW LANE	
	Bourie mp 2071		ran make and was supplemented to the
			entralista de la constitución de
• • • • • • • • • • • • • • • • • • • •	:		
	Employment: METROPOL	ITAN POLICE DE	EPT,
	300 FND. AVE. WASH	DC 20001.	
A STATE OF THE STA	Close Relatives:	•	المحالية المحدد المحالية المحدد
Result: RELATION		R OF ADDRESS	COUNTRY OF BIRTH
	·	·	
~~·			
The state of the s	- Gel all charge		
The state of the s		The state of the s	
The Control of the Co			
the second secon			Marie
Thecked by:		Date:	CAR. 0 8 100
			- 08 1989

F51/00J

	· ·					
ELENOTE S	hoffien	5-13-29	U.S-	4.5	337 mel. Keiser	PA:
	LOFFICER 2	3-23-19	Й. 5.	4.5	1 337 mel	1 1 3 2
	BOYD 14	12.11.98	4,5.	4.5.	NIA	
MAKY	BOYDM15	11-2013	u.s	4. S.	: 1306 Che :Shemokin	PA bo
	FFLERNR8	7-21-46	u.s	4.5	N/n	b7
7743278						
						'
	A/KI			1 u		
E. N. Norman	/VK	- Dan				
•						
Other Names Used (Spec	ify maiden name; names b	Yother marriages, etc.; ar	d show dates used for e	ach name)		b(
	wee		ce Martied Tincitude cour	HINT IF DOLLARDS THE TTOTAL		
U-S		Date Married Place	ce Married <i>Tinciude coul</i>	ntry ir outside (ne U.S.)		i State .
If Separated, Date of Sep	aration (Mo./Day/Yr.) If	Legally Separated, Wher	e is the Record Located?	? City (Country)		State .
A.1.1.	THE PARTY OF THE PARTY		ه خانده دانده ه خانده دانده	granamithating thankard appairts are the ATT -	Angelog a service and a service and a	
Address_of_Current_Spous	e (Street, city, and country	it outside the U.S.)			ı Sta	ite , ZIP Code
AND THE RESIDENCE OF THE PERSON OF THE PERSO		•		· , · ·	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Month/Year Month/Year C	ade ! Your Pacition			Sugar	risor's/Person's Name	Telephone Number
7-69 PRESCH	ode rodi Fosition	and the second s		Occer	isor or erson's Name	Treiephone Number
Employer's Name			Telephone		Address (if different than em	ployer's)
Met Ro PoL Employer's Street Address	ITAN POLIC	e- Desnit		27-4312	2-7 8 8 4cm b . 7 7	200
300 INJ AV		City (Country)	State Z	P Code City .		State ZIP Code
Actual job location if diffe		ress	<u> </u>	City (Country)	- 23 WEFE AN . WAS	State ZIP Code
employer's address:			Contract American Contract of the Contract of			r 1 1 1 1 1
Month/Year Month/Year C				Super	risor's/Person's Name 🚓.	Telephone Number
	1 Sollie	<u>د</u>				() .
		an affirmation and the second and the second	Telephone	Number Street	Address lif different than em	nlover's)
Employer's Name	C	V AGENC	Telephone	• 1	Address (if different than em	
	Securit	Y AGENC	Telephone (• 1		
Employer's Name	C	Y AGENC	Telephone (• 1		
Employer's Name	C	Y-AGENC	Telephone	• 1		
Employer's Name	C	Y AGENC	Telephone	• 1		
Employer's Name	C	V AGENC	Telephone	• 1		
Employer's Name	C	Y AGENC	(Telephone	• 1		b6

17-11

MAR 08 1989

--- AN CANE

\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				———b
Number of Years Known - Daytime telephone to	Number	Trainer or reasonment	ne Lelephone Number] b
8		18		
dome Address				
City Comments	ı State ı ZIP Code	Cip		State ZIP Code
	, 5000 1 500 7	7		
None 11				
		Number of Years Known Daytii	MS relicionaleiro Marianos	
Number of Years Known Day	her .	Number of feats Known		_
		Hon		
				Shring 7IP Code
25.	ı State ı ZIP Code	19		Ciaia / Zibi Ivib
			x	· •
	novamalanams : arm the m mass san & 's an	a A regard . warran sewar warran warran walka a dada dha rabansa dha warran a	ne nasa sa'anin andronomentana and anasana	
	and the second s			
	The state of the s			
The Control Co				
	The state of the s			
			engeleach deuts mantaisteachtrone se sig sein The season se	na manana da amana da
			engeleach deuts mantaisteachtrone se sig sein The season se	
Street Address 1				na manana da amana da
Sheet Audiess 1				
Street Address (
Street Address 1		Chain W7IP Code		
Sueer Audress (Chain 77IP Code		
Street Address (Sinia "7ID Code"		

MAR 0 8-1999

	h.	OD1		
Date:	March	6, 1989		
To:	Identificat Attn:	ion Division		
From:	Industrial Room_4252.	Security and C	Clearance Investigation	ons Unit (ISCIU)
. ATTN:				
Division	Please checked records and	k the below-li return as soon	isted names through Idnas possible:	lentification
Subject:	3/1	124		
Name	8 3 ca	DPOB 3-23-19	Residence 331 Meleosest Less PA	Citizenship
Close Re	latives:		2200 1777	
Name/Rela	ationship	DPOB	Residence	Citizenship

MASTER

UNITED STATES DEPARTMENT OF JUSTICE FEDERAL BUREAU OF INVESTIGATION IDENTIFICATION DIVISION WASHINGTON, D.C. 20537

3-13-89

Use of the following FBI record, NUMBER None Assigned , is REGULATED BY LAW. It is furnished FOR OFFICIAL USE ONLY and should ONLY BE USED FOR PURPOSE REQUESTED. When further explanation of arrest charge or disposition is needed, communicate directly with the agency that contributed the fingerprints.

NAME AND NUMBER	ARRESTED OR RECEIVED	CHARGE	DISPOSITION
Allan Shoffler C-9225	12–15–37	Larceny Of Auto	2 To 18 Months
		AN IDDITITYAN YOUR PERMITA YOUR PERMITA YUR MATAKKAL YUR MADINI YURU THUN YURUK	COUCERNS THE
	Allan Shoffler	Allan Shoffler 12–15–37	Allan Shoffler C-9225 Allan Shoffler C-9225 Larceny Of Auto SINCE NETTHER AN IDENTIFYING THE

MASTER 1-4b (Rev. 7-19-77) MÄSTER

MASTER

2

UNITED STATES DEPARTMENT OF JUSTIC€ FEDERAL BUREAU OF INVESTIGATION IDENTIFICATION DIVISION WAS HINGTON, D. C. 20537

3-13-89

Use of the following information from FBI record, NUMBER None Assigned , is REGULATED BY LAW. It is furnished FOR OFFICIAL USE ONLY and should ONLY BE USED FOR PURPOSE REQUESTED.

Description and Related Data: ALLAN SHOFFLER

Race: White

Sex: Male

Height: 5'6"

Weight: 135

Hair: Dark Brown

Eyes: Dark Brown

Date and Place of Birth: 2-23-16 Catawissa PA

Scars and Marks: Unknown

Address: Catawissa PA Rd#1 (In 1938)

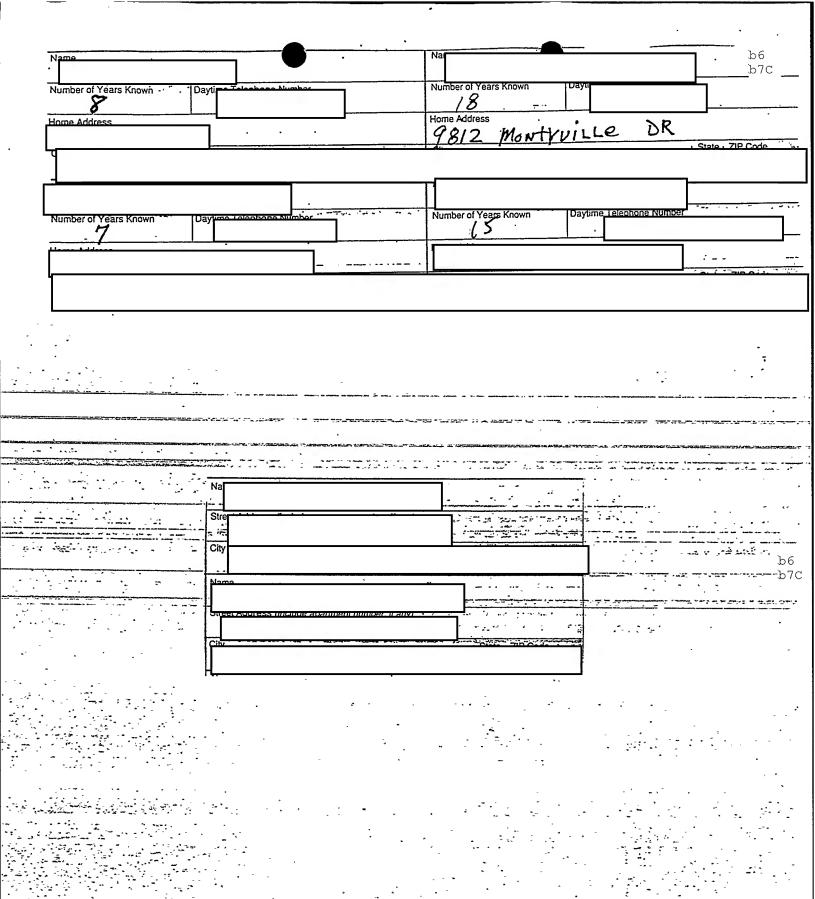
Occupation: Unknown

BINGE NEITHER FINGERPRINTS NOR AN IDENTIFYING NUMBER WHICH IS INDEXED IN OUR FILES ACCOMPANIED YOUR PROUEST, FOR CANNOT QUARANTHE IN ANY MANNER THAT THIS MATERIAL CONCERNS THE INDIVIDUAL IN WHOM YOU ARE INTERESTED.

Social Security Number: Unknown

	2-NCIC (Return 1 to ISCIU)
	2-OCIS (Return 1 to ISCIU) (Beturn 2-IIS (Return 1 to ISCIU) (Beturn 1 to ISCIU) (Return 1 to ISCIU)
To:	NCI2, Room 7233 OCIS, Room 3049 IIS, Room 4166 ELSUR, Room 4997 Date: 03/03/89 b6 b7C
From:	Industrial Security and Clearance Investigations Unit (ISCIU) Room 4252
Subject:	M SHAFFIER
•	BUDED: 03/08/89 100: 51/00:
for a sec appropria subject, the resul in the sp	The Bureau has been requested to conduct an expedite tion of the above-named individual, who is being considered turity clearance. The indicated Unit is requested to check te indices based upon available information concerning employment, and all close relatives. It is requested that the confidence of your checks, whether positive or negative, be indicated acces provided below, and relayed to the ISCIU, Room 4252, in envelope.
	The subject is described as follows:
	Name: CAIL MESHOFELER
A Committee of the Comm	
	DPOB: 06/17/45
	SSAN: <u>206-34-6087</u>
	· Current Residence: 2930 TALLOW LANE
	Bowit MD 20715
•	Employment: METROPOLITAN POLICE DEPT.
	300 FND. AVE. WASH. DO. 20001.
	Close' Relatives:
Result: RELATI	YEAR OF COUNTRY OF ON BIRTH ADDRESS BIRTH
- A. C.	· · · · · · · · · · · · · · · · · · ·
to be seen a supplying the seen of the seen	Sel all sel
was the first and the same	
The state of the s	
Checked by:	Date:
·	

BOYD 1	1 3-7 2 3-23-1 14 12-11-9 8 7-21-9	9 U. S 98 U. S 13 U. S	S. U.S. U.S. U.S. U.S. U.S. U.S. U.S. U	5.	7 MELROSE 2 ISER NIA C CHEMYN MOKIN	PA
BOYD 1 BOYD 1	2 3-23-1 14 12.11.9 5 11-20-1 8 7-21-9	9 U. S 98 U. S 13 U. S 96 U.	S. U.S. U.S. U.S. U.S. U.S. U.S. U.S. U	5. 1300 S. 54.66	7 Mecrose eiser NA Chemun MA N/A	PA
BOYD 1	14 12.11.9 5 11-20.8 7-21-9	98 U.S	eu I.a each Haite II.	5. 1300 S. 54.66	NIA Chemun Mokin N/A	
BOYD 1	8 7-2/-9	Olana Marian Timo	S U.S	5. 130 ° 54 8 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	C Chemun	PA
OFFIER	8 7-2/-	96 U.	Seu IJ edul liditight	5	N/n-	JA b
	ior Translages	Oldan Martin That	eu (d. edu) (laite):		al Casusiby Mumbas	
paration (Mo./Day/Yr.)	If Legally Separated	Oldan Hayland Hadd	acated? City /Country	The second secon	al Caquiby Number	
paration (MoJDay/Yr.)	If Legally Separated	Ologo Mossoc Troop	The sale of the sa		ol Coccide Alumbos	
paration (Mo/Day/Yr.)	If Legally Separated	Discontinuo vales o	Tananakini ina centralik		ol Society Aliempos	
paration (Mo/Day/Yr.)	If Legally Separated	Oldan Harris of	Total City (County)		al Cocusin Mumac	5-20-25-7
paration (MoJDay/Yr.)	If Legally Separated	Olana Magnet Hand	The special City (Country)		ol Cocurbe Alumpos	
paration (Mo/Day/Yr.)	If Legally Separated	Ologo Nacional Control	Total City (County)	who control is a second	al Cocusin Mumac	
paration (MoJDay/Yr.)	If Legally Separated	Note: is the Record in	Tananakini ina wana i		el Society Aliempos	F-72 117 257
paration (Mo/Day/Yr.)	If Legally Separated	Olana Nagara Tana	do animal Patrozo III			
paration (Mo/Day/Yr.)	If Legally Separated	, Where is the Record i	Tananakini Ila Gentari			574: CF 1997
paration (Mo_/Day/Yr.)	If Legally Separated	, Where is the Record I	ocated? City (Caustral	XXX		
paration (Mo./Day/Yr.)	If Legally Separated	, Where is the Record I	ocated? City (Country)			1
paration (Mo/Day/Yr.)	If Legally Separated	, Where is the Record I	ocated? City /Country)			
h- 	. 1		Localed: Only (Country)	-		State .
	ridden 8 200, T	"a" an'a "beta" and and some	***************************************	- The Charles of the State Sta	ARTHUR E SACE MAIN OF MINISTRAL	
se (Street, city, and cou	untry if outside the U.S.))		A section of the later than the section of the sect	State _ ZIP	Code
		-				
					-	•
Code Your Position	The second			Supenienr's/Person's	Name Telen	hoge Number
	* • ; * • • • • • • • • • • • • • • • •		da-ta-			
• (. /	100			Street Address (If diffe	erent tnan employers)	
S TOL	City (Country)			City .	i. State	e į ZIP Code
						211 YOUG
			City (C	Country)		e ZIP Code
		مستنسه وتعاليهم الإجراب الانسال المأتيان ومرتبا	market er transfer	Supervisor's/Person's	Name ———Telep	ohone Number
1 20171	er			50 - 514 45 5 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	()
		Te	elepnone Number	■ Street Address (if diffe	erent than employer's)	- •
	Code Your Position I + AN Pos e terent from Street Code Your Position	Code Your Position ITAN POLICE Desir City (Country) e ferent from Street Address Code Your Position Soluter	ITAN POLICE DEGARTMENT (Country) City (Country) Street Address Code Your Position Sollier	Code Your Position ITAN POLICE DEBARTMENT (202)727-4312 City (Country) State ZIP Code WASHINGTON DC 2000 City (Country) General from Street Address City (Country) Solution Solution Telephone Number Telephone Number Telephone Number Telephone Number Telephone Number	Code Your Position Telephone Number Street Address (Ir alm City (Country) State ZIP Code City (Country) Street Address City (Country) Code Your Position Code Your Position	Code Your Position Telephone Number. Street Address (if different than employer's) State Telephone Number. City (Country) State ZIP Code City State City (Country) State Total (City (Country)) State Telephone Number. Supervisor's/Person's Name Telephone Number. Telephone Number. Supervisor's/Person's Name Telephone Number. Supervisor's/Person's Name Telephone Number.



Standard Form **86**Revised October 1987
U.S. Office of Personnel Management

QUESTIONNAIRE FOR SENSITIVE POSITIONS



Form Approved: O.M.B. No. 3206-0007 Expires: 8-31-90 NSN 7540-00-634-4036

4259

-PM Chapter	786											•			NS	N 7540-00-63	4-4036
Par		OPM USE							Codes				Case	Numbe	r		
		ONLY	7 10 23 2	2//	7 x ** :	. 276.	e 100 mile = 700 s	ellas ve		Market Was to		. 9. Tarr			F	Genteski as best	V4.700.0
A -		_	e Only	(C	omplete			_	sing instru	1		pplem	1=	_			
A Type of Investigation	1	B Extra Covera	age		1. 1. 1		Sensitivity Level	1	D _{Access}	Nature Action		11	11	Date of Action	Month	Day Yo	ear
G Geographic Location	١.,			H	Position Code		Position Title	n	-	<u>-</u>						¥	
J		K Location o	f Offia	1	None	Othe	r Address		***						ŽIF	Code	
SON		cial Perso			NPRC												
<u> </u>		R.A		\vdash	_At SON_	Othe	r Address								711	Code	
SOI		Location of Security			None At SOI		i Address									Code	
N SIBAC	لـــــــــــــــــــــــــــــــــــــ	Folder	O A	ccou	NPI nting Data	<u> </u>	····									11	
Number	1_1_1		o a	nd/or	Agency Number												
P Requesting		and Title	•				Signature					elephone including			Da 1	ite	
Official											[τ.
	Pers	ons comple	ting th	sfo	rmshou	ld be	gin with	theq	uestions be	low. Plea	etype	or pri	t you	r ans	wers.		
FULL	• If yo	ou have only ini:	als in you	ır naı	ne, use the	m.			If you are a	Jr.","Sr.", "II", e	tc., enter	the abbre	eviation	in the	2	DATE OF	EOM S
NAME	If yo	ou have nd midd	le name,	ente	"NMN".				-box after-you	r middle-name		-ma I Aun -b		·		-BIRTH -	
Last Name	Ψ.	ठा। ठाविष्टा			First Name	<u> </u>			M := :==================================	iddle Name	ia number sklår fran		Ab! اد	Srv.	Month	Day Ye	ar
2 51 407 61		FFLER					RL_		i	<u>m</u>		- 14			6	17 7	5
City	- BIRTH	Use the	wo letter c		for-the-state),	State O		Maranar water	ited Chates	Carrie age 145 mans	4	SO	CIALS	ECURIT	YNUMBER	
The state of the s	Ashi	ANd	-		umberl	LUM	State. Co	nimk.	(if not in the Un	illed States)	. In	2	0.6	-3	4 -	608	7
5 OTHER NAMES	• Gi	ve other names				of time y	ou used the	m (for	na	me[s], alias[e	s], or nick			other na	me is vo	ur maiden n	iame.
USED	~ ex	ample: your ma	aiden nan	пе, п	ame[s] by	a forme	r marriage, 1	former	pi	ıt "nee" in fron	-						• •-
Name -	٠,				10.7	n/Year	Month/Ye	ar N	ame	٠		34 C A			h/Year om	Month/Ye To	ar
Name	- 1 · · · · · · · · · · · · · · · · · ·		* * 1 *	- 2		h/Year	Month/Ye	ar .N	ame -			سد دنور		1.7	h/Year	Month/Ye	ar ·
					· Fr	om	То	-	ئار سال برائي المساري نار ساليو يا تشريع			• •	<u></u>	Fr	om -	To	٠,
6 OTHER IDENTIFY	NG	Height (feet and	d inches)	"	Weight	(pound		1 -	air Color		Eye Color		-	Sex (n	nark one		
7 TELEPHO		Work (include A	I. O.		ovtoppion	110			SROWN ome (include A		BRO	ωN	<u> </u>	- Fe	male-	- X Male) ·
NUMBERS		202-	727	7	4312			Ι.	301.4	64.24	27						
8a citizensi	HIP	Mark tha b			4 45-4	-!:		1:	am a U.S. citize	en by birth in t	ne U.S.			X G	to 8c		
•••		Mark the bo follow the in						1	am a U.S. citize	en, but I was N	IOT born	n the U.S	*	7	to 8b		_
<u>o</u> L									am not a U.S.						to 8d		
8b UNITED S	HIP	If you are a U.S to the right and Then go to Item	n 8C.			ut one	or more of t	the folk	notner's maide owing -proofs o	n name in the f your citizens	box iv	lother's N	igioen r	vame	-*		
Naturaliza Court	tion Cert	lificate (Where	were you	natu													
Count				•	City				. State	Certificate	Number		•	Month	/Day/Yea	ar Issued	-
Citizenshi	p Certific	ate (Where wa	s the cert	ifica	te issued?	}								ł			
City									State	Certificate	Number		-	Month/	Day/Yea	ır Issued	
*: <u>- : •</u>	_						1 4	•••			· 	reini.	1.			-	
		Form 240-Repo	ort of Birl	h At	road of a	Citizen	of the Unite	d Stat	es							,	
Give the was preparation and was preparations and explanations are with the was also will be a second and th	ared and	give	th/Day/Ye		Explan		٠		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- 1							
U.S. Pass				=		-		•									.
This may	be eithe	er a current or	previous	U.S	. passpor	t.				Passport Nu	ımber		·	Month/	Day/Yea	r Issued	
BC DUAL CITI	ZENSHIF	If you are							nd another	Country		1		٠			
DA ALIEN	- 15	country, p						pace to	o the right.	<u> </u>				• •		he	<u>. </u>
3d ALIEN Place You		you are an alien d City		uie î	MOWING INTO	omatio	n: State	Date Y	ou Entered U.S.	Alien Regis	tration Nu	mber		Country	of Citize	enship b7	, C
the United		1						Month ,	Day Year				, , [
86-108		J						 !		اسلسل		<u>' </u>					

9 WHERE YOU HAVE LIVED	
Your Address. In this column, give the information requested every place you have lived for the past 15 years. Begin with wh you live now and work backwards. For any address within the p 3 years that consisted of "General Delivery", a Rural Route, or S Route, with no designated street address, don't give that as y address; give where you actually lived and then provide in space available on page 6 general directions for locating it.	dences you show on the left that you occupied during the last 3 years. Across from each such residence, give the name and address of someone who knew you in that neighborhood; preferably someone who still lives there.
Month/Year Month/Year Street Address (include apartment number, if any) 5-76 Present 2930 THLLOW LA	Nar b6b7c
City Bowie ZIP. Cod Country (if outside the United States)	
Month/Year Month/Year Street Address (include apartment number, if any) 1-73 To 5-76 3808 28 79 AVC City.	Namo
Country (if outside the United States) State ZIP Cod And 21013	
Month/Year Month/Year Street Address (include apartment number, if any)	Name
City State ZIP Cod	Street Address (include apartment number, if any)
Country (if outside the United States) Month/Year Month/Year Street Address (include apartment number, if any)	City State ZIP Code 1
City 1 State 1 ZIP.Cod	Name Street Address (include apartment number, if any)
-Country-(if-outside-the-United-States)	City. State J ZIP Code
Month/Year Month/Year Street Address (include apartment number, if any)	Name
Gity State ZiP Gode	· ·
Country (if outside the United States)	City State ZIP Code
10 WHERE YOU WENT TO SCHOOL	
Schools You Attended. In this column, give the information requested below for all schools you have attended beyond jurishigh school. Begin with the most recent school and work backwards. Use the following codes to indicate the type of school you attended:	you show on the left that you attended in the last 3 years. Across
1-High School 2-College/University 3-Vocational/Trade School	la
Month/Year Month/Year Code Name of School 9-76 To 5-78 Z PG. Community	Name (instructor, student, etc.)
Street Address Pegree/Diploma/Other (short degree and date received if	Code 2.)
City State ZIP Code . LARGO M2 1 1 1 Month/Year Month/Year Code Name of School	City State ZIP Code I I I I I
\$-60 5-63 / KULPMONT HICH	Name (instructor, student, etc.)
degree and date received if C	Code 2.)
KULPMANT PA	City State ZIP Code
Enter your Social Security Number before going to the	e next page 20 / 12 / 20 /

all full-time workall part-time work	all paid workall voluntary work	active milita self-employ	•	all periods of unemploymen
If you worked under a contractIf you were self-employed	st each duty station as a separate period of act with the Federal Government, name you or unemployed, name someone who can ctual place of employment at a location out	our employer, not the Governments		ity.
Use the following codes for eat 1 - Active military duty 2 - National Guard/Reserve	ach segment of your employment history: 3 - U.S.P.H.S. Commissioned Corp 4 - Other Federal employment	s 5 - State emplo 6 - Self-employ		7 - Unemployment 8 - Other
name of your employer. Ente appropriate, and "unemployed"	mation requested for each period of each remainder "self-employed" in the box for enfor periods of unemployment.	employment. Give the nployer's name when	Self-employment or	or OR Person to Verify Unemployment. Across to on the left, provide the pelow.
Month/Year Month/Year Code Your Po	osition	_		
7-69 To Present Employer's Name	•	Telephone Number		
METROPOLITAN	POLICE DEPARTMENT		Street Address (if different than	ib 6
Employer's Street Address	City (Country)	1 State ZIP Code	City	State ZIP (b7C
300 INJ Ave	WAShincton	DC 20,0,0,1		
Actual job location if different from employer's address:	Street Address	City (C	Country)	State ZIP Code
Month/Year Month/Year Code Your Po	osition to assume the second of the second	Company to a second	Supervisor's/Person's Name-	
7-65 7-69 1 5	ioldier			()
Employer's Name	and the second s	Telephone Number	Street Address (if different than	
U.S. ARMY Se Employer's Street Address	CURITY HEENCY	Control (Control of C		
ampleyer o circle ridaress	Gity (Country)	State ZIP Code	City	State ZIP Code
Actual job location if different from employer's address:	Street Address		Country)	State ZIP Code
Month/Year Month/Year Code Your Po	osition		Supervisor's/Person's Name	Telephone Number
Employer's Name	· · · · · · · · · · · · · · · · · · ·	Telephone Number	Street Address (if different than	employer's)
Employer's Street Address	City (Country)	~()_	At	
	ony (country)	State ZIP Code	City	State ZIP Code
Actual job location if different from employer's address:	Street Address	City (C	Country)	State ZIP Code
Month/Year Month/Year Code Your Po	osition		Supervisor's/Person's Name	Telephone Number
Employer's Name		Telephone Number	Street Address (if different than	employer's)
Employer's Street Address	City (Country)	State ZIP Code	City	State ZIP Code
Actual job location if different from employer's address:	Street Address	City (C	ountry)	State ZIP Code
Month/Year Month/Year Code Your Po	osition		Supervisor's/Person's Name	Telephone Number
Employer's Name		Telephone Number	Street Address (if different than	employer's) •
Employer's Street Address	City (Country)	(, ' ')_	- 1 2,	s. s
- Improved a Street Address	City (Country)	State ZIP Code	City	State ZIP Code
Actual job location if different from employer's address:	Street Address	City (C	ountry)	State ZIP Code
Enter your Social Security	Number before going to the ne	vt nage `	A	
	control botole going to the lie	ni pago.	200	-34-6087
•		•	*	Page 3

11 YOUR EMPLOYMENT HISTORY Fill in your emponent and military-history. Begin with the present an a k backwards 15 years. Include:

		es, or former spou	ho know you veses.		Try not to list anyon	ne mentior	ed in item	s 9, 10, or 11.	b6	
Imbas of Vocas Krainin " of	<u> </u>							A. T. L. ST. L.	.b7	C
Umber of Years Known	Day				Number of Years Known	Day	ime Jelen	oode Number		
ome Address		1			omo Addroce]	
			\$ 6			•				
_				1						
					_				,	
umber of Years Known				1	lumber of Years Known	Day	im			
			7	Н	om					
			,	"						-
3a YOUR MEMBERSHIP IN	I ORGAI		st all U.Sbased org e last 15 years.	ganizations	except labor unions, p	political,	or religio	ous organization	ns you beloi	nged to
Membership From Month/Year To Month/Year	-	Name o	f Organization		Nature of Affiliation/			Location of Orga City (Country)	nization	Sta
					Office Held, if Any			· · · · · ·		Jia
	-									44
		***			and a second of the second of		r	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
MAR AN			LILL, DESTRUCTION E AT YORK PROSTORING 25 to	5 AM PAG						
13b YOUR INVOLVEMENT	IN FORE	EIGN ORGANIZA	ATIONS List any f		ed political or business o	rganizati	ons of wh	ich you have be	en a membe	r, offici
Involvement From			employee	e, or active	participant at any time.	T		Location of Orga	nization	
Month/Year To Month/Year		Name of Fo	reign Organization .		Nature of Affiliation/ **Office Held, If Any		-	City (Country)		Sta
well-fire and the second of the property of th										
4 FOREIGN COUNTRIES	YOU HA				ered in items 9, 10, and		bosheve,	1 - Busines		
THE THE PARTY OF THE PROPERTY OF THE PARTY O	CHOMESTIC CO.			number cod	e to show the purpose o	f your vis		1 - Business 2 - Pleasure		ducati Other
	CHOMESTIC CO.			number cod		f your vis			4(
·In Country From	CHOMESTIC CO.		 Use appropriate r 	number cod	e to show the purpose of	f your vis		2 - Pleasure	4(******
In Country From Month/Year To Month/Year	CHOMESTIC CO.	O. C	Use appropriate r Country	number cod	e to show the purpose of	f your vis		2 - Pleasure	4(Education
In Country From Month/Year To Month/Year	Code	Viet	Country NAM ALS Have you eve	number cod	e to show the purpose of the following series of the f	ear Coc	8	2 - Pleasure Cou	4 - (Other
In Country From Month/Year To Month/Year To Month/Year 5 PERSONAL CONTACT W	Code	Viet-	Country NAM ALS Have you eve country? If "Y	number cod	e to show the purpose of the following sonal or continuing continuing the information below	cear Coc	8	Cou	4 - (Other
In Country From Month/Year To Month/Year To Month/Year	Code	Viet-	Country NAM ALS Have you eve	number cod	e to show the purpose of the following series of the f	cear Coc	8	2 - Pleasure Cou	4 - (Other
In Country From Month/Year To Month/Year To Month/Year 5 PERSONAL CONTACT W	Code	Viet-	Country NAM ALS Have you eve country? If "Y	number cod	e to show the purpose of the following sonal or continuing continuing the information below	cear Coc	8	Cou	4 - (Other
In Country From Month/Year To Month/Year To Month/Year 5 PERSONAL CONTACT W	Code	Viet-	Country NAM ALS Have you eve country? If "Y	number cod	e to show the purpose of the following sonal or continuing continuing the information below	cear Coc	8	Cou	4 - (Other
In Country From Month/Year Month/Year To Month/Year 5 PERSONAL CONTACT W Period of Contact (From/To) 6 MILITARY AND/OR MER	Code / / / VITH FO	PREIGN NATIONAL Name	Country NAM ALS Have you eve country? If "Ye of National	number cod	e to show the purpose of the following sonal or continuing continuing the information below	cear Coc	8	Cou	4 - (Other
In Country From Month/Year To Month/Year To Month/Year 5 PERSONAL CONTACT W Period of Contact (From/To) 6 MILITARY AND/OR MEI Have you served in th	Code	PREIGN NATIONAL NAME OF TABLES TO States militare	Country NAM ALS Have you eve country? If "Ye of National	number cod	e to show the purpose of In Country From Month/Year To Mon	cear Coc	8	Cou	4 - (Other
Feriod of Contact (From/To) 6a MILITARY AND/OR MEI Have you served in the Ulf you serve	Code VITH FO RCHANT ne Unite ne Unite Juited S	PREIGN NATIONA Name T MARINE SERVed States militared States Merchestates military, general states military, general stat	Country NAM ALS Have you eve country? If "Ye of National VICE. y?	er had a per	e to show the purpose of In Country From Month/Year To Mon	act with a	national	Cou of a Soviet, Sovi	et bloc, or c	Other
Month/Year To Month/Year Month/Year To Month/Year Feriod of Contact (From/To) MILITARY AND/OR MEI Have you served in th Have you served in the U "NO" to both question	Code VITH FO RCHANT THE Unite the Unite Ships, go to	PREIGN NATIONAL Name T MARINE SERVed States militare and States Merchestates military, go question 17.)	Country NAM ALS Have you eve country? If "Ye of National VICE. y?	er had a per	e to show the purpose of the country From- Month/Year To M	act with a	national	Cou of a Soviet, Sovi	et bloc, or c	Other
In Country From Month/Year To Month/Year Month/Year To Month/Year Feriod of Contact (From/To) MILITARY AND/OR MER Have you served in th Have you served in the Ulf you served in the U	Code VITH FO RCHANT THE Unite one	PREIGN NATIONAL Name T MARINE SERVed States militare and States Merchestates military, go question 17.)	Country NAM ALS Have you eve country? If "Ye of National VICE. y?	r had a per /ES", provi	e to show the purpose of the country From- Month/Year To M	act with a	national	of a Soviet, Sovi	et bloc, or c	Other

	military reserve se Mark "O" for Offic	Show each periodervice). Use one of er or "E" for Enlist	the fò.	service (includes		1 - Air Force 2 - Army 3 - Navy	5-C	farine Corps oast Guard ferchant Marine	7 - National	Guard
	Year Month/Year C	Service or Certi		•	O E Month/Yea			ertificate Number	·	O E
	YOUR RELATIVES 1 - Mother 2 - Father 3 - Stepmother		nd ente	er the correct code fo 7 - Step 8 - Brot	ochild ther	ng or dead, specifi 10 - Stepbrothe 11 - Stepsister 12 - Half-brothe	er 1: 1	3 - Half-sister 4 - Father-in-law 5 - Mother-in-law	16 - Gua	rdian
Full N	before entering	32 7/11/11/01	Code	Date of Birth Month/Day/Year	Country of Bi	rth Country of	f Citizenship	Current Street Addre	•	State
	LENORE	Shorrier	1	5-13-29	<i>Ц</i> .5.	4.9	S	337 MELR Keiser	Pig.	PA
	4LCEN	Shoffigh	2	3-23-19	<i>U.</i> 5	. <u>u.</u> :	5	Heiser	eose st	PA
	GEORGE -sent to whent	Bord - 3/6/89	14	12.11.98	4,5	<u> </u>	5.	NA		
	MARK	BOYD	150	11-2013	u.s	4.	s.	1306 Chei Shamokin	m 4NG S	PA
	ALCEN SA	OFFLER	8	7-21-46	U.S	u.	5	N/n		!
	to and the second of the secon								****** ** br	
18	2 - Married	ATUS Mark one cried (go to question	n 19)	ollowing boxes to sh	ow your current n 3 - Separat 4 - Legally s	ed		5 - Divorced 6 - Widowed	b6 b7C	ur - han geraphagea
	Omer Names Used /	Snediv maldediname	Vinamoč	Abv elbermamages, et	c.; and show dates.	uşed for each name)		And the second s	Andrew Street St	Service among the service of the ser
	U-S If Separated, Date o	f Separation (Mo./Da)	/Y(.)							
		Spouse <i>(Street, city, a</i>		try if outside the U.S.)					State - 71P Cod	
										$\overline{}$
heritalijaie"a : teritari	Full Name		, aooo	Date of Birth		lude country if outside	e the U.S.)	THE HOUSE WARE A SEC	3000 - Jan - C	State
Ų.	Country of Citizensh	* * * * * * * * * * * * * * * * * * * *	·	Date Married	Place Married (Inc	clude country if outsic	de the U.S.)	· , · · · · · · · · · · · · · · · · · ·		State
	Check One, Then G	ive Date Widowed	 	Month/Day/Year	If Divorced, Where	is the Record Locate	ed? City (Coun	try)		State
يدخ سواء			d count	ry if outside the U.S.)	. 250 11.000	72 <i>25 5</i> 7 57 :	1 ,	S	State ZIP Code	<u></u>
19	required below. It	f a United States ci	izen by	nited States citizen vother than birth live provided in question	s with you, show	th, live at your resi both "United Stat	dence? If " es" and price	Yes", provide the inforcement	ormation ip below.	(es No
	4.2	Name of Person				ntry of Citizenship		Relation	nship	
						······································		•	· • .	· .
								بن نسست _ا ب		_
Enter	r your Social S	Security Numl	per be	fore going to t	he next page		5.87.65	206-17	4-60	8.7

NTINUA Il other c	TION SPACE	: Use the con	tinuation s	sheets(s) (SF 86A) for	additional ar	nswers to au	estions 9, 10, and	11. Use the space be	low to continu	Je ansv
7-	Juestions. III	nere space is i	reeded ma	in wnayis	provided b	elow, go to p	age 9. Beto	re each answer. Idi	entity the number of t	he auestion.	
•											
<u>7</u> ←`											
<u> </u>											
• *	,7 , 7 ,	*** . ·	* * + + + + + + + + + + + + + + + + + +		10 × 12 P 1	Wale be	-			b6 -	
<u></u>						•			· · · · · · · · · · · · · · · · · · ·	_b7C	-
,				•			-			********	
		ARMY							erypto	CLENKA	NCE
T. Gesk Tue	Standardorday.	The seathern .	more a dissolve	المهورية المحتورها	a Tayon said	grants and	المراجعة الم	annia de la companya	en a area en regen	MAX WALLS	Paris de
			,		=	•					•
				•					,		
		*	·,	-	-		ts			•	
	-								enter the subset that the subset of		
	mindre , a market was made			-, -			·	gar Taran sa sa		Carana sandanana	
		-					· , ·			· · · ·	-
- <u>-</u>		or defit menterhandra se.		ه مرسیست	· ·* ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	 uni rillibriquipped sir	n en en enterment eure en en europe	an total de la tot	*- ·	<u>;</u>
								······································			
**********	AT MARKET E TEN			Hawi wi ff	Payrakay ta	**************************************		PARTIE TO LA LIE	1 Strain 1 . 9 . 26 . According	Antoninologie - account to the second and unitable the manner. September 1	tur 1979-er a(t) Ed. , bullett(t)/(t)
				areary and alexander	and the second		Residential sur-	A STATE OF THE PARTY OF THE PAR	ALTERNATION OF THE PROPERTY OF	THE RESERVE OF THE PARTY OF THE	at the same provide
									-		PERMIT
								21	•	Anna Arrama — E	
				•							
									•		
<u>-</u>											
								•			
					. •						
									•		
•			······································								
•					•						
		· · · · · · · · · · · · · · · · · · ·		 	······································						

Standard Form 86 .
Revised October 1987
U.S. Office of Personnel Management
FPM Chapter 786

QUESTIONNAIRE FOR ENSITIVE POSITIONS



Form Approved: O.M.B. No. 3206-0007 Expires: 8-31-90 NSN 7540-00-634-4636

	art	24	USE			Codes	l'Oase Namber			
					Your Selective Se	rvice Record				
20a	Are you a	nale bo	orn after Dece	mber 31, 1959? If "	Yes", go to 20b. If "No	", go to 21.			Yes	No X
					em? If "Yes", give you				•	
					ot? If "Yes", state the re		n:			<u> </u>
			,							
					Your Militar	v Record				
21a	Have you	ever re	ceived other		scharge from the milita		A STATE OF THE STA		Yes	No
	Date of D	ischar	ge <i>(Month an</i>	nd Vear):		Type of Discharge:			+	X
21b	Have you	ever be	en subject to	court-martial or other	er disciplinary proceeding		Code of Military Justice? If "Yes	", list ar	ıy	X
Date (disciplinar Month/Year)	y proce	edings in the Charge or S	last 15 years and a		(City and county/count)	ry if outside the United States)		Sta	<u>∠</u> ate
Date (nomine reary		_ onlarge or o	pecinication	. 1000	(on) and ocally ocall.	<i>y</i> • • • • • • • • • • • • • • • • •			
					Your Employm					
22-				ned to you in⊧the las r information reques		egin with the most rece	ent occurrence and go backward	ıs, provi	Jing. Yes	No.
			codes to expl	ain the reason your	employment was ended			A PART OF THE PART	-	nowners
	Fired fr 2 - Quit a j	-	r being told		mutual agreement follo mutual agreement follo		conduct : :: :::::::::::::::::::::::::::::::			nder
· . ·	you'd b			performance			The second has been been been been been been properly of the second been been been been been been been be		****	- a-t w
*Date (#	Month/Year)	Code		A STREET AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRE	Employer's Na	me and Address		State	ZIP Cod	ie
, "EX			. v ·		a ar re un	,	• W • P ·		1 1 1	
					Your Police					
23	if you answ birthday.	ver "Ye	s", to a, b, c,	d, or e below, expla	in your answer(s) in tr	e space provided. Do	o not include anything that happ	enea o		No
23a					of a felony offense?				4+1	X
23b 23c					d of a firearms or explose to for any criminal offens					3
					of any offenses related				·	X
<u>23e</u>	Have you e	ver be	en arrested, c	harged, or convicted	 		c fines of less than \$100.	, , ,		X
Date (Month/Year)		Offense ,	Action Taken	Law Enforcement Auth	ority or Court (City and o	county/country if outside the U.S.,	State	ZIP Cod	de
		* **		-						
					,					,
					•		<u> </u>	+		
			<u>-</u>	-		•	••			
- 1975.a 1975.a 1975.			•			س. و میس <i>د</i> در د	ور عد شده سان وا	-	بر ہے. 1 ادا	
							Marijuana and Cocaine.			
24	This item	concerr	s the use of	alcoholic beverages	and the supplying or u	ising, without a prescrip	otion, of marijuana, cocaine, has ates, methaqualone, tranquilizer	hish, na	rcotics (o)	oium enice
				erous or illegal drug:		uepressants (barbitura	nes, memaqualone, tranquilizer	3, 610.7, 1		No
<u>24a</u>					ou used, alcoholic beve		ess? ine, narcotics, hallucinogenics, c	or other	-:1-	X
24b			or supply, or v gal drugs?	mani ale iasco yea	is have you used of Su	pried, manjuana, coca	ano, naroonos, nancemogerilos, t			X
24c	If you ans	wered	"Yes" to ques	stion a or b above, proor each, and any oth	rovide at the top of page er details or explanatio	8 information relating n relating to your use o	to the types of substance(s) use f these substances.	d, the		

Enter your Social Security Number before going to the next page.

	Your Involv	ement With Alcohol ar	nd Dangerous D	rugs, Includio	g Mariju	ana and Coo	aine (Contin	ued)	
From (Month/Year)	To (Month/Year)	Type of Substanti Used	Explanation (In you including the period	our comments be : iod of most recent		frequency of	of your use durin	g each p	eriod you listed,
. •									
				4 .		-			
18.0%			Your Med	lical Record				ال العام الم	
25 Have	you ever had a ne	ervous breakdown or have y	ou ever had medic	al treatment for a			", provide infor	mation	Yes No
From	То		ddress of Person, H	lospital, or Institut				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	71D 00-d0
(Month/Year)	(Month/Year)	way to the last of the state of	- (Include counti	ry if outside the Ur	ited States	7		State	ZIP Code
A.2			· Van Invate	antinu Dann					
26 Has ti inform code o	ne United States ation below. If " or clearance code,	Government ever investig Yes", but you can't recall as appropriate, and "Don't ow or can't recall if you were	ated your backgro the investigating ag know" or "Don't it	ound? If "Yes", ugency and/or the recall" under the	se the cod security cle "Other Ag	arance receive	d, enter "Other	" agenc	v X
Codes for Inve	estigating Agency	4 - FBI		r Security Cleara		red ·		6-0	Q-Nonsensitive
	rtment ersonnel Manager	5 - Treasury Deparment 6 - Other (Specify)		dential 4 -		Compartmente	d Information	7 - 1	
Date _(Month/Year)_	Agency Code	- Other Agency	Clearance Code	Date .(Month/Year)	Agency Code	o	ther Agency =		Clearance Code
12-65		ON'T RECALL	0	6-81-	2	*	one en e		2
27 To you debar	ur knowledge, hav	e you ever had a clearance	or access authoriz	ation denied, sus	pended, or	revoked, or ha	ve you ever be	en	Yes No
Date ·		nent employment? If "Yes", partment or Agency Taking A		Date					
·(Month/Year)	distribution to the stage to	t division and division of the	To the second second	(Month/Year)		hebarmen	t or Agency, Taki	nig weno	
A term and the				ncial Record					
282				· · · · · · · · · · · · · · · · · · ·	The state of				Yes No
28b Have y	ou, your spouse, ou, your spouse,	or a company effectively co	ntrolled by you filed introlled by you bea	d for bankruptcy? en declared bankr	upt?		tion against and	- normana	×
8c Have	ou, your spouse,	or a company effectively co	introlled by you been	eñ súbject to a tax d legat judgement	lien or oth	er lien?	a debt?		X
f you answered		or d above, provide date of							
Date (Month/Year)	Type of Action	Name Action Occ	urred Under	Name/Addi	ress of Cou	rt or Agency Ha	ndling Case	State	ZIP Code
29 Are yo teed b	ou now over ninety y the Federal Gov	/ (90) days delinquent on ar /ernment. (If your answer is	y loan or financial "Yes", provide da	obligation? Include te loan or obligati	de delinque on was ma	ent loans or obli de and other in	igations funded formation reque	or guara ested bei	in- Yes No
Date (Month/Year)	Type of Loan or Obligation		Name/Add	ress of Creditor or	Obligee			State	ZIP Code
	<u>`</u> .								
	······································				····				<u> </u>
				· · · · · · · · · · · · · · · · · · ·					
							مرمي ه در		
									
Enter vour	Social Securi	tv Number before ge	ning to the ne	vt nage		1000 5775	0 - 1	l	

	Your Association Record	
30a	Have you ever been a member, officer, or endoyee of the Communist Party?	Yes No
	Have you ever been a member, officer, or employee of any organization, association, or group which:	
	 advocates the overthrow of our Government; advocates or approves of committing acts of force or violence to deny others their constitutional rights; or wants to change our form of Government by unconstitutional means? 	X
30c	Have you ever made a financial or other material contribution to any organization of the type described in Questions 30a or 30b?	V
<u>30d</u>	If you answered "Yes", to 30a, 30b, or 30c, answer 30d, 30e, and 30f. At the time of your membership, participation, or contribution did you know of the unlawful aims of the organization(s)?	
30e	Did you intend to promote the unlawful aims of the organization(s)?	
30f	List each organization and provide an explanation of your involvement and activities with each one:	•
Mā	Continuation Space	
Use the	e continuation sheet(s) (SF 86A) for additional answers to questions 9, 10, and 11. Use the space below to continue answers to all other que	stions and
Social :	formation you would like to add. If more space is needed than what is provided below, use a blank sheet(s) of paper. Start each sheet with your Security Number. Before each answer, identify the number of the question.	name ano
	·	
-		•
		"······
opining and and	THE CONTRACT AND THE CONTRACT OF THE CONTRACT	· · · · · · · · · · · · · · · · · · ·
***********		ne remembers
- 5 Sept.	The first transmission of the first transmis	
	·	
		
	and the second s	· · · · · · · · · · · · · · · · · · ·
		•
		• • •
		-
د ۽ تسو به ۽ ت	the same of the sa	** *. * ,
		
<u></u>		· ·
After c	completing Parts 1 and 2 of this form, you should review your answers to all questions to make sure the form is complete and	accurate
and th	nen sign and date the following certification and sign and date the release on page 10.	•
l read :	Certification That My Answers Are True and understood the instructions explaining the purpose of this form and the Federal Government's authority for asking the qu	actione I
read e	each question asked of me and understood each question. I understand that if I did not tell the truth on this form or did not list all	l relevant
	terial facts or events, the Federal Government may fire me, may not hire me, may deny or revoke my clearance, or may prosect stand that prosecution may result in my being fined up to \$10,000, imprisoned up to 5 years, or both.	ute me. I
	ure (Sign in ink)	•-
/	(1 m (111)	
-	ace 12 0 11-30-88	
Enter	r your Social Security Number before going to the next page. 20,6-34-6	0,87

Standard Form **86**Revised October 1987
U.S. Office of Personnel Management
FPM Chapter 736

Form Approved: O.M.B. No. 3206-0007 Expires: 8-31-90 NSN 7540-00-634-4036

UNITED STATES OF AMERICA

Carefully read this authorization to release information about you, then sign and date it in ink.

AUTHORITY FOR RELEASE OF INFORMATION

I Authorize any duly accredited representative of the Federal Government, including those from the U.S. Office of Personnel Management, the Federal Bureau of Investigation, and the Department of Defense, to obtain any information relating to my activities from schools, residential management agents, employers, criminal justice agencies, financial or lending institutions, credit bureaus, consumer reporting agencies, retail business establishments, medical institutions, hospitals or other repositories of medical records, or individuals. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, personal history, disciplinary, criminal history record, arrest, conviction, medical, psychiatric/psychological, and financial and credit information.

L Further Authorize the U.S. Office of Personnel Management, the Federal Bureau of Investigation, the Department of Defense, and any other authorized agency, to request criminal history record information about me from criminal justice agencies for the purpose of determining my eligibility for access to classified information, or assignment to, or retention in, sensitive national security duties, in accordance with 5 U.S.C. 9101.

I Direct You To Release such information upon request of the duly accredited representative of any authorized agency regardless of any agreement I may have made with you previously to the contrary.

I-Understand that the information you release is for official use by the Federal Government, and that these users may redisclose the information you release as authorized by law.

I Release any individual, including records custodians, from all liability for damages that may result to me on account of compliance or any attempts to comply with this authorization. This release is binding, now and in the future, on my heirs, assigns, associates, and personal representative(s) of any nature. Copies of this authorization that show my signature are as valid as the original release signed by me.

· ^	
Signature (Sign in ink)	Full Name (Typed)
July Sull	CARL M. SHOFFLER
Other Names Used /	. Social Security Number
	20,61-13,41-16,0,8,7
Current Address (Street, City)	State ZIP Code Home Telephone Number
1 7 101	(Include Area Code)
2930 TALLOW LANE BOWIE M.	Md 20,7,1,5
Date Parent/Guardian Signature (If Required)	
12-1.5-88	



TO WHOM IT MAY CONCERN:

I hereby authorize any Special Agent or other authorized representative of the Federal Bureau of Investigation bearing this release, or copy thereof, within one year of its date, to obtain any information in your files pertaining to my CPA/State Bar records (including any grievance records), employment, military, educational records (including, but not limited to, academic, achievement, attendance, athletic, personal history, and disciplinary records), medical records, credit records, (including credit card and payment device numbers), and law enforcement records (including, but not limited to, any record of charge, prosecution or conviction for criminal or civil offenses). I hereby direct you to release such information upon request to the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Federal Bureau of Investigation. Consent is granted for the Federal Bureau of Investigation to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, retail business establishment, law enforcement agency, or criminal justice agency, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I am furnishing my Social Security Account Number on a voluntary basis with the understanding such is not required by Federal statute or regulation. I have been advised the FBI will utilize this number only to facilitate the location of employ ment, military, credit, and educational records concerning me in connection with this application

there be any question as to the validity of this	release, you may contact me as indicated below.
Full Name:	- all m hoffler-
	(Signature) (Include maiden & any other previously-used name)
Full Name:	CARL M ShOFFLER
To the second se	(Typed or Printed)(Include maiden & any other previously-used name)
Social Security Account	Number: 206 34 6087
Parent or Guardian: (If required)	
: ,. Date:	11-30-88
Current Address:	2930 TALLOW LANE
	Bowie Md 20715
Telephone Number:	301-464-2427
CPA/Bar Membership(s)	STATE
	REGISTRATION NUMBER
	-

(Special Agent)
Federal Bureau of Investigation

Witness:



269

U.S. Department of Justice

Federal Bureau of Invegation

Washington, D.C. 20535

BY COURIER

Date:			:				Raply, Plaase Re: la No.	fer to	b6 b7C
То:	Director, Ce	ntral Intelligenc	e Agency			, R a		382	
	Attent	ion: Deputy Dir	ector for Operatio	ns					
	Attent	ion: Director of	Security						• •
From:	Director, Fe	deral Bureau of	Investigation						_
Subjects	CARL M	1- SIGOFFL	ER	•					E.
γ,	<u> </u>	SUNK	PLEN		, .		· .:		
			HAME OHE	OK BEDILES	<u></u>			لمريان يحصل ياليم	
andras andra The communication of the	Ît is reque	sted this Burea	u be furnished all	information	in in its in a	in the files o	f vour Agency's		
Dositive i	of the Direct	or of Security	WOlfice of the D	eputy Direct	or for One	Talions conce	wing captioned		•
" narcan." i	ri Tilici teducate	ould be attached	tive, a stampëd n	form classi otation to th	is effect	appropriate a and-return of a	nd returned to the copy of this fo	his m îs	
requested	Place of Birth	-				, , , ,		-	· • •
. Date and s	riace of Birth	6/17/45	Aliases		Sex ·	Marital Status	Spouse's Name		
as	Lland, be	٠	···		M				د د څاو ميښاغ
Residence	**************************************	w Jane	end a broading is to They man good a company of more	Occupation.		an ingerial of interpolar argument of	The second section of the s		n is not now because it is not
	•	ie mo	•		Plice	,		_	
Current F		2071		<u> </u>			-		- <i>.</i>
Current Em	Netropol 300 Ld.	itam Polo		þ	loyments	•	. /		
		ec. wa			Ermy &	security	Egence		· ·.
Additional			MAR 2 1 198	් ව	3 50 US	C 403-1(i)	(1) and 403g	,	٠.
Ca	ndebote	her had	L'Jouen	Trave					:
2 - Deputy	Director for O of Security					25	9-103	3	3
1	ENCLO	1000					The second second second	• موجد بر در محدود	50 -1
,						1	BE		- ;



U.S. Department of Justice

Federal Bureau of Investion

Weshington, D.C. 20535

_	_					BY COU	RIER			
Date: To: Dir	rector, Cent	ral Intelligence	: : Agency				Fil	Reply, Plaasa Ra a No.		
(Attention	ı: Deputy Dice	ctor for Ope	rations ·			Ka,	uta ta Kaam - Zi	رح ۵۵	
C	Attention	: Director of :	Security				1			-
From: Dir	ector, Fede	ral Bureau of Ji	nvestigation	l						_
Subject: CA	2RL M-	SHOFFLE	元							
			•		p:	3 50 USC] 403-1	(i)(1) and	403g,	
Doffice of it Positive infon	t is request he Director mation show	ed this Bureau of Security [1] ld be attached theck is negati	be furnished Office of the	d all inform he Deputy D	ation avail	able in the	concer	ning captioned	subject	
Date and Place	of Birth	117/45	Aliases		Sex	Marital	Status	Spouse's Name		: _
Casidence Add	ess			Occup	tion.				<u> </u>	
-2936		Jone " 20715			Poli	ee			-	_
Current Employe		- Olice	Don	Former	Employme	its	• •	<u> </u>		- :

2 - Deputy Director for Operations

Additional Remarks:

2 - Director of Security

2000/

259-1033-3

F81/001

b6 b7С Mr. D. Jerry Rubino Department Security Officer Department of Justice (DOJ)

(Attn: Mr. Charles Alliman)

April 12, 1989

Security Programs Manager Federal Bureau of Investigation (FBI) b6 b7C

SECURITY CLEARANCE INVESTIGATIONS PROGRAM FBI JOINT TASK FORCE - WASHINGTON METROPOLITAN FIELD OFFICE (WMFO)

ACTION MEMORANDUM

In accordance with Department Order 2620.6, entitled "Procedures For Requesting a Department of Justice Security Clearance For Non-Contractor Personnel Outside the Executive Branch, "Interim "Top Secret" security clearances are being requested for the below-listed individuals:

CARL M. SHOFFLER

Telephone Rm.

MAIL ROOM

DPOB: June 17, 1945; Asland, Pennsylvania

206-34-6087 SSAN:

EMPLOYER: Metropolitan Police Department, (MPD),

Washington, D.C.

254-1033-4 259-1033 (Carl M. Shoffler) Exec AD Adm. Exec AD Inv. Exec AD LES Asst. Dir.: Adm. Servs. Crim. Inv. _ Ident. insp. intell. Lab. Legal Coun. Off. Cong. & SEE NOTE, PAGE 3 JLF/LAB:njh (9) Public Affs. Rec. Mgnt. _ Tech. Servs. Training Off. Liaison & Ge 6/ 100 Hand Carnet & 805 4/13/83 Int. Affs.

b6 b7C Mr. D. Jerry Rubino b6 b7C The above listed individuals are employed with local law enforcement agencies and are assigned to the FBI WMFO Joint Organized Crime Task Force. They will require immediate access to national security information. The central files of FBIHQ and WMFO indices disclosed no information identifiable with The central files of FBIHQ and WMFO indices disclosed no pertinent information identifiable with or Shoffler. The central files of FBIHQ and WMFO indices disclosed no pertinent information identifiable with except as follows: No further pertinent information was found.

b6 b7C

b6 b7C

A review of records, Identification Division, FBI Headquarters was negative concerning all candidates.

No further pertinent information was found.

Mr. D. Jerry Rubino

Appropriate arrest checks conducted by WMFO were negative concerning the individuals.

Records, Credit Bureau Incorporated, Silver Spring, Maryland, disclosed all candidates have a satisfactory credit rating.

The Department Security Officer is requested to authorize the initiation of background investigations on the above listed individuals.

It is also requested the Department Security Officer approve the granting of interim "Top Secret" security clearances to them and furnish the appropriate Security Briefing Packages to the Security Programs Manager, FBI.

It is in the best interest of national security to grant these clearances.

Enclosed for your review are the candidates' SF-86.

Approved:

Disapproved:

Department Security Officer Department of Justice

Department Security Officer Department of Justice

NOTE: The FBI WMFO office requested interim "Top Secret" security clearances for Carl M. Shoffler.

by airtel dated February 27, 1989, captioned "Security Clearance Investigations Program (SCIP); FBI Joint Task Force."

b6 b7C



APR 1 9 1989 Date. Subject Request for Interim Top Secret Security Clearances To From erry Rubino Security Programs Manager Department Security Officer Federal Bureau of Investigation Reference is made to your memorandum dated April 12, 1989, (copy attached), wherein authority was requested for the Federal Bureau of Investigation (FBI) to conduct background investigations pursuant to Department of Justice Order 2620.6, "Procedures for Requesting a Department of Justice Security Clearance for Noncontractor Personnel Outside the Executive Branch." I have approved this request. Also, as requested Interim Top Secret security clearances have been approved for Carl M. Shoffler,

These interim clearances and access approvals are limited to that information necessary for the above-mentioned individuals to perform their duties in connection with the Washington Metropolitan Task Force.

These interim clearances are further conditioned upon these individuals' being briefed for access to National Security Information (NSI), and signing the acknowledgment letter that they will read and become familiar with the regulation concerning classification, declassification, and safeguarding of NSI as described in 28 CFR Part 17. Copies of the acknowledgment letters, Standard Forms 312, and the above-referenced regulation are attached. The original acknowledgment letters and Standard Forms 312 should be signed and forwarded to this office.

Please furnish this office with the results of these investigations so that the required trustworthiness determinations can be made and final clearances granted. Should you have any questions on this matter, please have a member of your staff call Sandra Hertz on 633-2351.

Attachments	ur	ause plas	~Z

b6 b7c



Mr. D. Jerry Rubino
Department Security Officer
Department of Justice (DOJ)
(Attn: Mr. Charles Alliman)

Date April 12, 1989

b6 b7С

From C. M.

Security Programs Manager Federal Bureau of Investigation (FBI)

Subject:

SECURITY CLEARANCE INVESTIGATIONS PROGRAM
FBI JOINT TASK FORCE - WASHINGTON METROPOLITAN
FIELD OFFICE (WMFO)

ACTION MEMORANDUM

In accordance with Department Order 2620.6, entitled "Procedures For Requesting a Department of Justice Security Clearance For Non-Contractor Personnel Outside the Executive Branch," Interim "Top Secret" security clearances are being requested for the below-listed individuals:

CARL M. SHOFFLER

DPOB; June 17, 1945; Asland, Pennsylvania

SSAN: 206-34-6087

EMPLOYER: Metropolitan Police Department, (MPD),

Washington, D.C.

259-1033-6

ENCLOSINE

b6 b7C

The above listed individuals are employed with local law enforcement agencies and are assigned to the FBI WMFO Joint Organized Crime Task Force. They will require immediate access to national security information. The central files of FBIHQ and WMFO indices disclosed no information identifiable with The central files of FBIHQ and WMFO indices disclosed no pertinent information identifiable with or Shoffler. The central files of FBIHQ and WMFO indices disclosed no pertinent information identifiable with except as follows: No further pertinent information was found.

b6 b7C

b6

b6 b7C

b7C

Mr. D. Jerry Rubino

A review of records, Identification Division, FBI Headquarters was negative concerning all candidates.

No further pertinent information was found.

Mr. D. Jerry Rubino Appropriate arrest checks conducted by WMFO were negative concerning the individuals. Records, Credit Bureau Incorporated, Silver Spring, Maryland, disclosed all candidates have a satisfactory credit rating. The Department Security Officer is requested to authorize the initiation of background investigations on the above listed individuals. It is also requested the Department Security Officer approve the granting of interim "Top Secret" security clearances to them and furnish the appropriate Security Briefing Packages to the Security Programs Manager, FBI. It is in the best interest of national security to grant these clearances. Enclosed for your review are the candidates' SF-86. APR | 9 | 1989 Approved: Disapproved: Department Security Officer Department Security Officer Department of Justice Department of Justice - 3 -

fied

SAC, Washington Metropolitan
Field Office (WMFO) (259C-New)

April 26, 1989

Director, FBI (259-1033)

CARL M. SHOFFLER
SECURITY CLEARANCE INVESTIGATIONS PROGRAM
FBI JOINT TASK FORCE - WMFO (FCI-SC)

Enclosed for WMFO is a package consisting of a letter from the DEPARTMENT OF JUSTICE (DOJ) addressed to MR. SHOFFLER, who is employed with the METROPOLITAN POLICE DEPARTMENT, 300 Indiana Avenue, Washington, D.C.; a SF-312, "Classified Information Nondisclosure Agreement"; and a copy of the 28 CFR, Part 17, concerning the safeguarding of classified information and material.

The DOJ has granted SHOFFLER an interim "Top Secret" security clearance. SHOFFLER is permitted to have access to classified information up to and including the "Top Secret" level on a need-to-know basis conditioned upon the receipt by DOJ of the signed Certification as found in DOJ letter, supra, and SF-312. SHOFFLER is also requested to read and become familiar with the enclosed regulations, which are to be retained by him.

The Security Officer is requested to ensure SHOFFLER is expeditiously contacted and furnished the above-mentioned documents. The signed documents are to be returned to FBIHQ, industrial Security and Clearance Investigations Unit (ISCIU), Attention:

Room 4382, for transmittal to DOJ.

SHOFFLER should be afforded a defensive security briefing to include foreign travel and possible contact by a hostile intelligence service. The defensive security briefing must be conducted by the division Security Officer or a Special Agent familiar with foreign counterintelligence investigations.

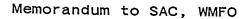
When access is no longer needed, the Security Officer should debrief SHOFFLER and advise FBIHQ, ISCIU.

Exec AD Adm FBIHQ will be sending Exec AD Invbackground investigation on SHOF Exec AD LES	instructions to initiate a full
Asst. Dir.:	
Adm. Servs. —Enclosures (3)	man and a managery and
Crim. Inv.	, //
Ident	/ /// ********************************
Insp //\dagger_1	RETURN 70
Intell.	1 1
Lab. JL 州代EC:njh (4)	ROOM 4382/, UT#7/1174
Legal Coun	
Off. Cong. &	
Public Affs	
Rec. Mgnt aca	
Tech. Servs.	Late Training &
Training	
Off. Liaison &	
Int. Affs	
Telephone Rm.	

Director's Sec'y ___ MAIL ROOM

b6 b7C

b6 b7C



NOTE: DOJ granted an interim clearance for SHOFFLER, in DOJ memorandum, dated April 19, 1989, captioned "Request for an Interim Top Secret Security Clearance."

AIRTEL

5/10/89

TO:

DIRECTOR, FBI (259C-HQ-1033)

ATTN: SECURITY CLEARANCE INVESTIGATION

PROGRAM, RM 4252, TL# 242

FROM:

SAC, WMF \bigcirc (A-4) (P

SUBJECT:

CARL M. SHOFFLER

SECURITY CLEARANCE INVESTIGATIONS PROGRAM

FBI JOINT TASK FORCE - WMFO (FCI-SC)

Re: BULET dated 4-26-89.

Enclosed for Headquarters are the signed National Security Information Briefing Acknowledgment form and the signed Department of Justice Letter regarding Access to National Security Information.



Captioned Subject has been contacted and briefed in accordance with Re Memorandum. Areas covered in the briefing included foreign travel, contacts with hostile and friendly intelligence services, the common-carrier program, storage and safeguarding of classified, and other pertinent areas.

lee destroyed

FBIHQ, ISCIU, RM 4382, TL# 242

ATTN:

2- WMFO

1- 259C-HQ-1033

1- WMFO Security Officer

MH: lah

2-ENCTOORE

259-1033-7

.b6 .b70

OCT 3: 1096

. ,



Washington, D.C. 20530

APR 1 9 1989

Dear Mr. Shoffler:

Subject: Access to DOJ Classified National Security Information

In accordance with 28 CFR Part 17, this office has granted you a Top Secret clearance for access to classified National Security Information and material classified up to and including Top Secret by the Department of Justice (DOJ). This clearance is limited to those documents for which you have a need-to-know.

This clearance is limited to information or material classified by or in the custody of the DOJ and information or material related to the performance of your duties only and is contingent upon your becoming familiar with and your agreement to comply with and adhere to the provisions of the enclosed regulation, when handling classified information.

Accordingly, you are requested to review the enclosed regulation and to sign both the certification as set forth below and Standard Form 312.

Sincerely,

D. Jerry Rubino

Department Security Officer

Enclosure

To: Department Security Officer

Room 6525, MAIN Justice Building

This is to certify that I will read and will become familiar with the subject regulations. I shall comply with the requirements thereof.

Name:

M Sholle Date:

5-9-89

Note:

Please return this original signed document in its entirety along with Standard Form 312.

ENCLUSUID

AN AGREEMENT BETWEENcarl M. Shoffler

AND THE UNITED STATES

(Name of Individual - Printed or typed)

- 1. Intending to be legally bound, I hereby accept the obligations contained in this Agreement in consideration of my being granted access to classified information. As used in this Agreement, classified information is marked or unmarked classified information, including oral communications, that is classified under the standards of Executive Order 12356, or under any other Executive order or statute that prohibits the unauthorized disclosure of information in the interest of national security; and unclassified information that meets the standards for classification and is in the process of a classification determination as provided in Sections 1.1(c) and 1.2(e) of Executive Order 12356, or under any other Executive order or statute that requires protection for such information in the interest of national security. I understand and accept that by being granted access to classified information, special confidence and trust shall be placed in me by the United States Government.
- 2. I hereby acknowledge that I have received a security indoctrination concerning the nature and protection of classified information, including the procedures to be followed in ascertaining whether other persons to whom I contemplate disclosing this information have been approved for access to it, and that I understand these procedures.
- 3. I have been advised that the unauthorized disclosure, unauthorized retention, or negligent handling of classified information by me could cause damage or irreparable injury to the United States or could be used to advantage by a foreign nation. I hereby agree that I will never divulge classified information to anyone unless: (a) I have officially verified that the recipient has been properly authorized by the United States Government to receive it; or (b) I have been given prior written notice of authorization from the United States Government Department or Agency (hereinafter Department or Agency) responsible for the classification of the information or last granting me a security clearance that such disclosure is permitted. I understand that if I am uncertain about the classification status of information, I am required to confirm from an authorized official that the information is unclassified before I may disclose it, except to a person as provided in (a) or (b), above. I further understand that I am obligated to comply with laws and regulations that prohibit the unauthorized disclosure of classified information.
- 4. I have been advised that any breach of this Agreement may result in the termination of any security clearances I hold; removal from any position of special confidence and trust requiring such clearances; or the termination of my employment or other relationships with the Departments or Agencies that granted my security clearance or clearances. In addition, I have been advised that any unauthorized disclosure of classified information by me may constitute a violation, or violations, of United States criminal laws, including the provisions of Sections 641, 793, 794, 798, and *952, Title 18, United States Code, *the provisions of Section 783(b), Title 50, United States Code, and the provisions of the Intelligence Identities Protection Act of 1982. I recognize that nothing in this Agreement constitutes a waiver by the United States of the right to prosecute me for any statutory violation.
- 5. I hereby assign to the United States Government all royalties, remunerations, and emoluments that have resulted, will result or may result from any disclosure, publication, or revelation of classified information not consistent with the terms of this Agreement.
- 6. I understand that the United States Government may seek any remedy available to it to enforce this Agreement including, but not limited to, application for a court order prohibiting disclosure of information in breach of this Agreement.
- 7. I understand that all classified information to which I may obtain access by signing this Agreement is now and will remain the property of, or under the control of the United States Government unless and until otherwise determined by an authorized official or final ruling of a court of law. I do not now, nor will I ever, possess any right, interest, title, or claim whatsoever to such information. I agree that I shall return all classified materials which have, or may come into my possession or for which I am responsible because of such access: (a) upon demand by an authorized representative of the United States Government; (b) upon the conclusion of my employment or other relationship with the Department or Agency that last granted me a security clearance or that provided me access to classified information; or (c) upon the conclusion of my employment or other relationship that requires access to classified information. If I do not return such materials upon request, I understand that this may be a violation of Section 793, Title 18, United States Code, a United States criminal law.
 - 8. Unless and until I am released in writing by an authorized representative of the United States Government, I understand that all conditions and obligations imposed upon me by this Agreement apply during the time I am granted access to classified information, and at all times thereafter.
 - 9. Each provision of this Agreement is severable. If a court should find any provision of this Agreement to be unenforceable, all other provisions of this Agreement shall remain in full force and effect.

(Continue on feverse)

STANDARD FORM 312 (9-88)

Prescribed by GSA/ISOO 32 CFR 2003 E.O. 12356

Code, *Section 783(b), Title 50, United States Code Executive Order 12356 or its successor, and Section may read them at this time, if I so choose.	tions, if any, have been answered. I acknowledge that the 641, 793, 794; and *952, Title 18, United States de, the Intelligence Identities Protection Act of 1982, 2003.20, Title 32, Code of Federal Regulations, so that I
· Cal M Shoffler	SOCIAL SECURITY NUMBER (See Notice below) 206-34-6087
ORGANIZATION (IF CONTRACTOR, LICENSEE, GRANTEE OR AGENT, PROVIDE: (Type or print)	
300 JND AVE "K	Depart ment
300 IND Ave 1	2M 5067
WASHINGTON DO	
WITNESS	ACCEPTANCE
THE EXECUTION OF THIS AGREEMENT WAS WITNESSED BY THE UNDERSIGNED.	THE UNDERSIGNED ACCEPTED THIS AGREEMENT ON BEHALF OF THE UNITED STATES GOVERNMENT.
NAME AND ADDRESS (Type or print)	SIGNATURE DATE b6 b7c
	NAME AND ADDRESS (Type or print)
SECURITY DEBRIEFING	A ACKNOWLEDGMENT
municate or transmit classified information to any unauthorized per	criminal laws and executive orders applicable to the safeguarding of eturned all classified information in my custody; that I will not comson or organization; that I will promptly report to the Federal Bureau classified information, and that I (have) (have not) (strike out inap-
SIGNATURE OF EMPLOYEE	DATE
NAME OF WITNESS (Type or print)	SIGNATURE OF WITNESS
that authority for soliciting your social security Account Number (SSN) is E. is necessary to 1) certify that you have access to the information indicated	n individuals, at the time information is solicited from them, whether the discited, and what uses will be made of the information. You are hereby advised xecutive Order 9397. Your SSN will be used to identify you precisely when it above or 2) determine that your access to the information indicated has terdo so may impede the processing of such certifications or determinations, or nation.

*NOT APPLICABLE TO NON-GOVERNMENT PERSONNEL SIGNING THIS AGREEMENT.

Mr. D. Jerry Rubino
Department Security Officer
Department of Justice (DOJ)
(Attention: Mr. Charles Alliman)

May 24, 1989

Security Programs Manager Federal Bureau of Investigation (FBI)

CARL M. SHOFFLER
SECURITY CLEARANCE INVESTIGATIONS PROGRAM
FBI JOINT TASK FORCE - WMFO

INFORMATION MEMORANDUM

Reference is made to DOJ memorandum, dated April 19, 1989, captioned "Request for an Interim Top Secret Security Clearance," wherein an interim "Top Secret" security clearance was granted for CARL M. SHOFFLER.

Enclosed are the signed DOJ Acknowledgment letter and SF-312 for SHOFFLER.

A background investigation is being conducted on SHOFFLER by the FBI. You will be provided with a final summary of this investigation upon completion.

Enclosures (2)

259-1033

Exec AD Adm. __ Exec AD Inv. ____ JAJAnec: Jrc (3)

259-1033-8

Exec AD LES Asst. Dir.: Adm. Servs	
Crim. Inv.	•
Insp	
Lab Legal Coun	
Off. Cong. & Public Affs	
Rec. Mgnt Tech. Servs Training	23
Off. Liaison & Int. Affs.	MAIL ROOM = Hard corned to DOJ 5/25/89
Telephone Rm Director's Sec'y	MAIL ROOM [Hard corned as

AT CAN

b6 b7C

	4
ব	ಣ
	3.3
3	Z
23	10
	ر

Director's Sec'y

99

			L	 DATE: _	1/18/90	
FROM: D	irector,	FBI (259C-1033)			

TO: SACs, Baltimore

BUDED: 2/20/90

Philadelphia Pittsburgh St. Louis

Washington Metropolitan Field Office (WMFO)

CARL M. SHOFFLER SECURITY CLEARANCE INVESTIGATIONS PROGRAM FBI JOINT TASK FORCE - WMFO (FCI-SC) 00: **BUREAU**

Reference is made to WMFO airtel to Director, with no copies to other offices, dated 2/27/89, captioned "SECURITY CLEARANCE INVESTIGATIONS PROGRAM; FBI JOINT TASK FORCE."

Enclosed for receiving offices are an SF-86 and release forms.

SHOFFLER is a candidate for a "Top Secret" security clearance and his investigation should cover a fifteen-year scope.

Conduct investigation in accordance with instructions contained in Part 1, Section 259, Manual of Investigative Operations and Guidelines...

Exec AD Acm.	RUC communication of	completed investiga	ation is to	be
xec AD lov submitted	to FBIHQ, Industrial tions Unit, Attention:	security and Crear	Room 4382,	FTS
Asst. Dir. 324-3585. Adm Scry'				
Crim InEnclosure	(3)	/		
Insp		/ // ┌	_//_/	_

:cmj (12) Into:1 Lab Legal Cour.

Off Cond & Public Alls. Rec Mont. Tech Sorvs. .

Training . Off Liaison & 259 💯 Int Affs. . Telephone Rm.

MAIL ROOM WOK C/Snl /22/90

SEE NOTE PAGE T

RETURN/T

ROOM 498

FBI/DOJ

b6 b7C Airtel to SACs, Baltimore, et al.

Re: Carl M. Shoffler

Security Clearance Investigations Program

FBI Joint Task Force - WMFO (FCI-SC)

OO: Bureau Buded: 2/20/90

SHOFFLER was granted an interim "Top Secret" security clearance on 4/19/89.

<u>Pittsburgh</u>: Verify candidate's date and place of birth.

WMFO: At current employment, review personnel file and interview supervisor and at least three co-workers.

NOTE: DOJ memorandum, dated 4/19/89, captioned "REQUEST FOR A INTERIM TOP SECRET SECURITY CLEARANCES," granted SHOFFLER a "Top Secret" security clearance and approve the initiation of his background investigation.

Due to the limited resources at the time the field office requested a full field background investigation (FFBI), an interim clearance was obtained for the candidate and the FFBI was delayed.

Standard Form 86 Revised Doteber 1987 U.S. Office of Personnel Management

QUESTIONNAIRE FOR SENSITIVE POSITIONS



Form Approved:
O.M.B. No. 3206-0007
Expires: 8-31-90
NSN 7540-00-624-4026

	M Chaire 130						(4	NSN 7540-00-634-4036
. ~	David	OPM USE			Codes		Case Number	******
		ONLY	2000 - 0.000					
		Agency Use Only	(Complete itei	ns A through	P. using instruc	tions in FPM Suppl	ement 296-33)-	
A	Type of	B Extra		C Sensitivity	1	E Nature of	F Date of .M	lonth Day Year
<i>4</i>	Investigation	Coverage		Level	D _{Access}	Action Code .	Action	
\overline{G}	Geographic I		H Position	Position	<u></u> -	1		
	Location ,		Code	Title	1			•
T		K		Other Address				710.0 1
U	2011	Location of Offi- cial Personnel	- None	THE FIGURESS				ZIP Code
	SON	Folder	NPRC					
			AtSON			······································		
L		M Location	- Ivone	ther Address				ZIP Code
	SOI	of Security	At SOI					
		Folder	NPI					<u> </u>
N	SIBAC ,	O A	ccounting Data nd/or Agency					
	Number	<u> </u>	ase Number		_			
Р	Name	e and Title .		Signature		Telepi	hone Number	Date
	Requesting Official			1		(includ	ding Area Code)	
135	Per	sons completing thi	s form should	begin with the	auestions held	w. Please type or r	rint von ranswe	
1		you have only initials in you		After C. Lorent P. No. 7. 1.			CARLO MANAGEMENT COMPANY	
	NAME	you.have.no middle.name,			If you are a "Jr. box after-your r	","Sr.", "II", etc., enter the a	obbreviation in the 2	DATE OF
	Last Name	, , , , , , , , , , , , , , , , , , , ,	First Name			dle Name	Abbar	—— BIRTH——
************	- Commence Survey			Saidan - remember	and annual second	a servence of the servence of	Abbry, Mo	onth Day Year
2		FFLER		ARL		<u>m</u>		0 17 75
	City	Use-the two letter-c		****	THE PROPERTY OF THE PROPERTY O		4 SOCIAL-SECI	JRITY NUMBER
व्याद्धीय	Gy ar Linear Trees	Count	And the second s	State Coun	try (it not in the Unite	d States)	V. C.	and a series of the series of
<u> </u>		LAND NOR	thumberLAA	Id I'A			206-34	-6087
5	OTHER • G	live other names you used	and the period of tim	ne you used them (for nam	ne[s], alias[es], or nickname		is your maiden name
	USED	xample: "your maiden nam	e; name[s] by a for	mer marriage, forn		'nee" in front of it.		
	Name		- Month/Ye	ar Month/Year.	Name	(*	- Month/Y	ear Month/Year
		M. 10 X - W. 1	From	To			From	Ťo .
	. Name		Month/Ye	ar Month/Year	Name	A4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Month/Y	ear Month/Year
. 	San	Water Control of the	From	•To	with the same and the same	63	From	
6	OTHER	Height (feet and inches)	Weight (por	unds)	Hair Color	Eye Color	Sex (mark	cono boyl
	IDENTIFYING	5/10		0	BROWN			<u>.</u>
7	TELEPHONE	Work (include Area Code	and extension)		Home (include Area		- Fema	le X Male
•	NUMBERS	202-727	4212		301-46			
ō.	•	1 aug - 1 a 1	- 1312					
Oč	CITIZENSHIP	Mark the box at the	right that applies	to you and	I am a U.S. citizen		. Go to	8c
	+	follow the instruction	s next to the box y	vou marked.	I am a U.S. citizen,	but I was NOT born in the	U.S. Go to	8b
ōī					I am not a U.S. citi	zen.	Go to	8d
ی نے کا	•, · · · · · == • · · · · · · · •	If you are a U.S. Citizen,	out were not born in Riformation about: o	the U.S., enter you	ur mother's maiden r	name in the box Mother	's Maiden Name	A Application of Sample and Applica
2,54	CITIZENSHIP	Then go to item oc.				root duzensnip.		
•		tificate (Where were you	naturalized?)					
* :2.	Court		City		. State	Certificate Number	Month/Day	/Year Issued ·
	*				1 . 1		. , ,	•
. "	Citizenship Certifi	cate (Where was the certi	ficate issued?)				<u> </u>	
	City				State	Certificate Number	Month/Day	/Year Issued
	100 W V 100		Same Same		ا د ا		widinition	real issued
ت ، د		Form 240-Report of Birth	Abroad of a Citize	en of the United S	tatee			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Give the date the was prepared and an explanation if ne	give			**		33 <u>7</u>	
	U.S. Passport	seueu.	<u> </u>	** *	- •			
तरें	U.S. Passport							
	This may be eithe	er a current or previous	U.S. passport.		į	Passport Number	Month/Day	Year Issued - *
:			•	<u> </u>		<u> </u>		
8C	DUAL CITIZENSHI	P_ If you are (or were)	a dual citizen of t	he United States	and another .	Country -		· · · · · · · · · · · · · · · · · · ·
		country, provide the	name of that cou	intry in the space	to the right.			<i>e</i> :
8d	ALIEN • If	you are an alien, provide the			- /	13- 4- 0		
•	Place You Entere	ed City	×		e You Entered U.S. onth Day Year	Alien/Registration Number	Country of C	Citizenship
	the United States	:			Day Year			F
86-	108	· · · · · · · · · · · · · · · · · · ·						

9' - WHERE YOU HAVE LIVED			
Your Address. In this column, give the infevery place you have lived for the past 15 ye you live now and work backwards. For any a 3 years that consisted of "General Delivery", Route, with no designated street address, address; give where you actually lived an space available on page 6 general directions	ears. Begin with where address within the past a Rural Route, or Stardon't give that as your d then provide in the for locating it.	People Who Knew You. Use this collidences you show on the left that you or years. Across from each such resider address of someone who knew you in the ably someone who still lives there.	cupied during the last 3 ace, give the name and last neighborhood; prefer-
Wanthy Year Month Year Street Address (include apartme	TALLOW LANE	Name	.b6
Bowie	State ZIP Code	Street Address (include apartment number, if any)	
Country (if outside the United States)	۸.	City	
Month/Year Month/Year Street Address (include apartmet 1-73 To 5-76 3808 28	nt number, if any) 74 AUC	Name	77-411
HICCREST Hats	State ZIP Code VI	S	
Country (if outside the United States)		City	
Month/Year Month/Year Street Address (include apartme	ent number, if any)	Name	
City	State ZIP Code	Street Address (include apartment number, if any)	
Country (if outside the United States)		City	State ZIP Code
Month/Year Month/Year Street Address (include apartme	nt number, if any)	Name	
City	State ZIP Code	Street Address (include apartment number, if any)	
-Country-(if-outside-the-United-States)	Legis - gravaranas	City	State ZIP Code
Month/Year Month/Year Street Address (include apartme	nt number, if any)	Name	<u>Letter</u>
-City		Street Address (include apartment number, if any)	
Country (if outside the United States)		City	State ZIP Code
10 WHERE YOU WENT TO SCHOOL			
Schools You Attended. In this column, requested below for all schools you have at high school. Begin with the most recent so wards. Use the following codes to indicate the attended:	ttended beyond junior chool and work back-	People Who Knew You. Use this column you show on the left that you attended in the from each such school, give the name and (such as an instructor or student) who knew y	last 3 years. Across address of someone
1-High School 2-College/University 3-Voc	cational/Trade School	0	
Month/Year Month/Year Code Name of School 9-76 To 5-78 Z P.G. Commu	with the	Name (instructor, student, etc.)	
Rt 202	Degree/Diploma/Other Show each degree and date received if Code 2.)	Street Address (include apartment number, if any)	
City State ZIP Code .	1,	City	State ZIP Code
Month/Year Month/Year Code Name of School GE 60 To 5 - 63 Street Address	Degree/Diploma/Other (show each	Name (instructor, student, etc.) Street Address (include apartment number, if any)	
City State ZIP Code	degree and date received if Code 2.) .	City	State / ZIP Code
KULPMINT PIA			
Enter your Social Security Number be	fore going to the next	page. 2,0,0	6-13.4-16.08.7

11 YOUR EMPLOYMENT HISTO	ORY Fill in your em	plant and military history	. Begin with the presen	t and backwards 15 ye	ears. Include:
all full-time work all part-time work	•	id werk luntary work	active militaself-employ	• •	all periods of unemployment
 If you were in the militar If you worked under a common to the self-employ 	y, list each duty sta ontract with the Fed yed or unemployed	tion as a separate period of e eral Government, name your I, name someone who can ve	employment. r employer, not the Gove erify it.	•	ity.
Use the following codes for 1 - Active military duty 2 - National Guard/Resen	3 - U.S.P	your employment history: .H.S. Commissioned Corps Federál employment	5 - State emplo 6 - Self-employ	-	7 - Unemployment 8 - Other
Employment. Provide the in name of your employer. E appropriate, and "unemployed	Enter "self-emplo	ved" in the box for emp	ployment. Give the loyer's name when	Self-employment or	Unemployment. Across on the left, provide the below.
Month/Year Month/Year Code Yo	ur Position			Supervisor's/Person's Name	l Telephone Number
Employer's Name Metropolitan	Police	Desartment	Telephone Number (202)727-4312	Street Address (it different than	employer's)
Boo INJ Ave		City (Country) WAShington	State ZIP Code	City	State ZIP (_{b7C}
Actual job location if different from employer's address:			City (0	Country)	State ZIP Code
Month/Year Month/Year Code Young To To To LA I	ur.Position Soldier	ne, " "Allandelle Talle" (Steller Lande, "Man, Lande of L		Supervisor's/Person's Name -	()
LINDS S. ARMY Employer's Street Address	SecuRITY	A GENCY ity (Country)	Telephone Number	Street Address (if different than	1 State ZIP Code
Actual job location if different fro	m Street Address			Country)	State, ZIP Code
1 ,	our Position			Supervisor's/Person's Name	Telephone Number
Employer's Name			Telephone Number	Street Address (if different than	employer's)
Employer's Street Address		ity (Country)	State ZIP Code	Citý	State ZIP Code
Actual job location if different from	n Street Address		City (Country)	State ZIP Code
Month/Year Month/Year Code Yo	ur Position	***************************************		Supervisor's/Person's Name	Telephone Number
Employer's Name			Telephone Number	Street Address (if different than	employer's)
Employer's Street Address		ity (Country)	Stâte ZIP Códe ,	City -	State ZIP Code
Actual job location if different from employer's address:	Street Address		City (C	Country)	State ZIP Code
TO	our Position		ا معالم المعالم	Supervisor's/Person's Name	Telephone Number
Employer's Name		· · · · · · · · · · · · · · · · · · ·	Telephone Number	Street Address (if different than	employer's)
Employer's Street Address		Sity (Country)	State ZIP Code	City	State ZIR Code
Actual job location if different from employer's address:	Street Address	t	City (6	Country)	State ZIP Code
Enter your Social Secur	ity Number be	fore going to the nex	t page.	200	6-39-6087
•			: ~		Page 3
			BP-04111		

				Wame.						be
Number of Years Known	Daytime To	elephone Numb	ber	Number of	Years Known	Daytim	e Telephon	e Number	<u>-</u>	—-b7
lome Address	<u> </u>			Home Add		<u> </u>			┯┸	
- I			· <u>·</u> ······		•					
T T				Number of	Years Known	Daytim	<u> </u>	•••		
A data					<i></i>					•
			*							
Co vous usus sous s	1.000.441	remaine 1 to	A PULL O Landau de la Contraction de la Contract							
13a YOUR MEMBERSHIP IN	OHGANIZ		t all U.Sbased organi last 15 years.	zations, except	labor unions, poii	tical, or	religious	organiza	itions you	u belonge
Membership From Month/Year To Month/Year		Name of	Organization	I I	re of Affiliation/ e Held, if Any	ļ		cation of C		on -
								•		
									•	
to temperature or some the community of the sound								***********		
	. ,			i		-	>			
13b YOUR INVOLVEMENT	IN FOREIG	N ORGANIZA	TIONS List any foreig	gn-based politic	al or business orga	nization	of which	you have	been a n	nember, o
			employee or				-			
Involvement From			employee, or	active participa	int at any time.	<u> </u>		cation of C		on .
			employee, or	active participa	int at any time.			cation of C		on .
Involvement From Month/Year To Month/Year	Ar Berthings Annaholish	Name of For	employee, or	Active participa Natur Office	nt at any time. re of Affiliation/ re Held, if Any			city-(Count	'ry)	on .
Involvement From Month/Year To Month/Year 4 FOREIGN COUNTRIES	YOU HAVE	Name of For	employee, or reign Organization. Do not include country Use appropriate num	Nature Participa Nature Office Covered in I	re of Affiliation/ re Held; if Any tems 9, 10, and 11.			ity-(Count	ny)	3 - Edu
Involvement From Month/Year To Month/Year 4 FOREIGN COUNTRIES	YOU HAVE	Name of For	employee, or reign Organization. Do not include country Use appropriate num	nactive participal Natural Office Code to sho	tems 9, 10, and 11. w the purpose of yo	ur visit:		1 - Busin 2 - Pleas	ness sure	- :
Involvement From Month/Year To Month/Year 4 FOREIGN COUNTRIES In Country From Month/Year To Month/Year	YOU HAVE	Name of For	employee, or reign Organization. Do not include country Country	nactive participal Natural Office Code to sho	tems 9, 10, and 11. withe purpose of your state of the your sta	ur visit:		1 - Busin 2 - Pleas	ny)	3 - Edu
Involvement From Month/Year To Month/Year 4 FOREIGN COUNTRIES	YOU HAVE	Name of For	employee, or reign Organization. Do not include country Use appropriate num	nactive participal Natural Office Code to sho	tems 9, 10, and 11. w the purpose of yo	ur visit:		1 - Busin 2 - Pleas	ness sure	3 - Edu
Involvement From Month/Year To Month/Year 4 FOREIGN COUNTRIES In Country From Month/Year To Month/Year	YOU HAVE	Name of For	employee, or reign Organization. Do not include country Country	ries covered in Month	tems 9, 10, and 11. w the purpose of your country From	ur visit: Code		1 - Busi 2 - Pleas	ness sure Country	3 - Edu 4 - Oth
Involvement From Month/Year To Month/Year 4 FOREIGN COUNTRIES In Country From Month/Year To Month/Year	YOU HAVE	Name of For	employee, or reign Organization. Do not include country Country	ries covered in iber code to sho	terms 9, 10, and 11. w the purpose of your continuing contact.	ur visit: Code		1 - Busi 2 - Pleas	ness sure Country	3 - Edu 4 - Oth
Involvement From Month/Year To Month/Year 4 FOREIGN COUNTRIES In Country From Month/Year To Month/Year	YOU HAVE	Name of For	employee, or reign Organization. Do not include country Country WAM LS Have you ever ha	ries covered in iber code to sho Month/	terms 9, 10, and 11. w the purpose of your continuing contact.	ur visit: Code		1 - Busi 2 - Pleas a Soviet, S	ness sure Country	3 - Edu 4 - Oth
Involvement From Month/Year To Month/Year 4 FOREIGN COUNTRIES In Country From Month/Year To Month/Year	YOU HAVE	Name of For	employee, or reign Organization. Do not include country Use appropriate num Country Have you ever ha country? If "YES"	ries covered in iber code to sho Month/	tems 9, 10, and 11. w the purpose of your continuing contact formation below.	ur visit: Code		1 - Busi 2 - Pleas a Soviet, S	ness sure Country	3 - Edu 4 - Oth
Involvement From Month/Year To Month/Year 4 FOREIGN COUNTRIES In Country From Month/Year To Month/Year	YOU HAVE	Name of For	employee, or reign Organization. Do not include country Use appropriate num Country Have you ever ha country? If "YES"	ries covered in iber code to sho Month/	tems 9, 10, and 11. w the purpose of your continuing contact formation below.	ur visit: Code		1 - Busi 2 - Pleas a Soviet, S	ness sure Country	3 - Edu 4 - Oth
Involvement From Month/Year To Month/Year 4 FOREIGN COUNTRIES In Country From Month/Year To Month/Year	YOU HAVE	Name of For	employee, or reign Organization. Do not include country Use appropriate num Country Have you ever ha country? If "YES"	ries covered in iber code to sho Month/	tems 9, 10, and 11. w the purpose of your continuing contact formation below.	ur visit: Code		1 - Busi 2 - Pleas a Soviet, S	ness sure Country	3 - Edu 4 - Oth
Involvement From Month/Year To Month/Year 14 FOREIGN COUNTRIES In Country From Month/Year To Month/Year 6666 6-67 Period of Contact (From/To)	YOU HAVE Code WITH FORE	VISITED VISITED Name	employee, or reign Organization. Do not include country Use appropriate num Country AMM LS Have you ever ha country? If "YES" of National	ries covered in iber code to sho Month/	tems 9, 10, and 11. w the purpose of your continuing contact formation below.	ur visit: Code		1 - Busi 2 - Pleas a Soviet, S	ness sure Country	3 - Edu 4 - Oth
Involvement From Month/Year To Month/Year 14 FOREIGN COUNTRIES In Country From Month/Year To Month/Year 666 6 6-67 Period of Contact (From/To) 68 MILITARY AND/OR ME Have you served in the	YOU HAVE Code WITH FORE RCHANT M THE United S	VISITED VISITED Name	employee, or reign Organization. Do not include country Use appropriate number of National Country? If "YES"	ries covered in iber code to sho	ant at any time. re of Affiliation/ se Held; if Any tems 9, 10, and 11. w the purpose of your country From- Year To Month/Year continuing contact of formation below. ountry of National	ur visit: Code		1 - Busi 2 - Pleas a Soviet, S	ness sure Country	3 - Edu 4 - Oth c, or com
Involvement From Month/Year To Month/Year In Country From Month/Year To Month/Year Month/Year To Month/Year Feriod of Contact (From/To) MILITARY AND/OR ME Have you served in th Have you served in the U	YOU HAVE Code I WITH FORE RCHANT Me United Some United State Juited	VISITED VISITE	employee, or reign Organization. Do not include country Use appropriate number of National Country? If "YES"	d a personal or provide the in	ant at any time. re of Affiliation/ se Held; if Any tems 9, 10, and 11. w the purpose of your country From- Year To Month/Year continuing contact of formation below. ountry of National	ur visit: Code	ational of	1 - Busi 2 - Pleas a Soviet, S	ness sure Country	3 - Edu 4 - Oth
Involvement From Month/Year To Month/Year 14 FOREIGN COUNTRIES In Country From Month/Year To Month/Year 66 6 6-67 Period of Contact (From/To) Period of Contact (From/To) Have you served in the Leave you served	Code WITH FORE RCHANT Mane United State on the United State on t	VISITED VIS	employee, or reign Organization. Do not include country Use appropriate numi Country LS Have you ever ha country? If "YES" of National	d a personal or ", provide the in conly served in a conly served i	tems 9, 10, and 11. w the purpose of your continuing contact formation below. the United States Management of the United Sta	ur visit: Code	ational of	1 - Busi 2 - Pleas a Soviet, S	ness sure Country	3 - Edu 4 - Oth
Involvement From Month/Year To Month/Year In Country From Month/Year To Month/Year Month/Year To Month/Year Feriod of Contact (From/To) MILITARY AND/OR ME Have you served in th Have you served in the U	Code WITH FORE RCHANT Mane United State on the United State on t	VISITED VIS	employee, or reign Organization. Do not include country Use appropriate numi Country LS Have you ever ha country? If "YES" of National	d a personal or provide the in configuration of the	tems 9, 10, and 11. w the purpose of your continuing contact formation below. the United States Management of the United Sta	with a na	ational of	1 - Busin 2 - Pleas a Soviet, S Nature	ness sure Country	3 - Edu 4 - Oth

.00	militąry reserve s	cervice). Use one of cer or "E" for Enliste	the fò.	ing in the box for	Code. 2	- Army - Navy	5-0	Coast Guard Merchant Marine	/ - Ivalidriai	Guaru
Month/Y	Year Month/Year	Code Service or Certifi			O E Month/Year Mo			Certificate Number) ()	O E
17 ·	<u> </u>	2 RA 13 8 6 Give full names ar 4 - Stepfather 5 - Foster pare 6 - Child (ado)	enter t	the correct code fo 7 - Step 8 - Brot	or all relatives, living of ochild 1 ther 1	or dead, specifi 0 - Stepbrothe 1 - Stepsister 2 - Half-brothe	r 1	3 - Half-sister 4 - Father-in-law 5 - Mother-in-law	16 - Gua	rdian
Full Na	ame (if deceased, before enterin	check box on the left ng name)	Code	Date of Birth Month/Day/Year	Country of Birth	Country of	Citizenship	Current Street Addre	•	State
<u> </u>	LENORE	Shoffler	1	5-13-29	U.S-	4.9	S	337 melr Keiser	1	PA
	ILLEN	ShOFFIER	2	3-23-19	U. 5.	<u>u.</u> :	5	337 Mela Keiser		PA
_ ,	SEORGE	Bord	14	12.11.98	4,5.	4.	5.	NA		-
n	NAKK	BOYD	15	11-20-13	<i>u.</i> s	4.	S.	1306 Chel Shamakin	n4NG S	PA
	ALLEN S	HOFFLER	8	7-21-46	4.5	4.	5	N/n	-	
<u> </u>										
	TE WAS TO THE TO							A LINE OF MET TOWN MAN AN GLANDER WERE AT THE PROPERTY OF THE PROPERTY AND ADMINISTRATION OF THE PROPERTY OF T	ede Takk Zagokie. Kanton monementan d	
18 Y		TATUS Mark one of tarried (go to question		owing boxes to sh	ow your current marit 3 - Separated	al status:		5 - Divorced	.b6	٠,
	2 - Married	Complete the following a	hout your	Current engues	4 - Legally sepa	irafed		6 - Widowed	b7C	
Γ			1				·			
[IMPENSMES FISO		namac n	v otbor marriages, e	tç., and show dates used	tor each name)		AND A REST OF THE PROPERTY OF	Comment on a good	And any designation
	<u>Coamià di Cuiseur</u>	siiib **		Data Marriad	Place Married: Hocked	o country if outside	do that I'S Y	straight throughout the last of and at the last of the	Committee of the American	Fishio
	U-S	of Separation (Mo./Day	$\gamma_{c.}$	Legally Separateu,	Where is the necola col	aleu : Cilv ICou	nury)			1 State
,										
MKO	Address of Current	Spouse (Street, city, an	<u>d country</u>	if outside the U.S.)				ıS	tate . 7IP Cod	<u>e</u>
1911 1 1920 - 1930	Full Name) Comblete trie tollowing	about you	ur tormer spouse(s). Date of Birth	Place of Birth (Include	novets if outsid	3 11 C)		<u>, , - , - , - , </u>	State
، منځنځون م	Andrew v va	· Trans		> . У ,	Flace of Bird (include	Country if outside	e lile 0.5.)	The same of the sa		Siale
	Country of Citizens	ship		Date Married	Place Married (Include	country if outside	de the U.S.)			State
	Check One, Then	Give Date		Month/Day/Year	If Divorced, Where is t	ne Record Locat	ed? City (Cou	ntry) -	· · · · · · · · · · · · · · · · · · ·	State
T 4 7	Divorced Address of Former	Widowed Spouse (Street, city, and	d country	if outside the U.S.)					tate, ZIP Cod	le .
19	• •			·					<u>. </u>	 - - -
	required below.	of another country, of If a United States cit souse or other relativ	izen by c	other than birth live	es with you, show bot	ive at your resi h "United Stat	dence? If es" and pri	"Yes", provide the info or country of citizensh	ormation [Yes No
	- "	Name of Person	oo you pi		Country	of Citizenship		Relation	ship /	•
					•			•	:	
								مناتشششتین. ا	,	.4
Enter	your Social	Security Numb	er bef	ore going to	the next page.		319254	206-13	W _ / -	
								/ レンソリーリ	11-16	110.1

to all other qu	estions. If mo	ore space is ne	nuation sheets(s) (eded than what is	provided bel	ow, go to page 9	. Before e	ach answer, ide	ntify the numb	er of the question	on.
W7-										
17/										
V:										
11										
-	***	•	er marte pe e que	and Wall of the Co.				* * *		_b6
•	-	·			ş- v ·	•	•	•	'A. '	b7C
		•								
<i>i1</i>			. •	ж .				#		
26-	<u>U.S.</u>	ARMY	Security	- AGEA	1cr - 7	OP.	secret	CRYT	to Clei	neanc
Co. Conservation	Same and The State of the Continue of the State of the St	ない ないままない 上のから	大型。 大学大学	The Same of the Same	Bell-Min t	Parameter 193			W. S. C.	ar ar tal
. •				-	1					·
			<u> </u>							
			٠					•		
				<u> </u>				Market Market - 1987		
* . * * * * * * * * * * * * * * * * * *	د میروند. در میروند در میروند	اد به دارات الكي ماريمية وتحقود د			عملة عيوده مرا				N. A	
, ,				£ * 4,.			Tar s.	ί.		•
**		, ,							<u> </u>	
***	ar -max . pr 4			د نین کنام خالیدر (مینیده در بعد ایناد ر کا	S ages with the state of the	5-7				
								-		
Telegraphic	यो वर्गीचेड हाझेन्सीन्स ्री			**************************************						
		77-27-31 210-210-210-210-210-210-210-210-210-210-	A.A. harrang market and the second							
					- Contraction of the contraction					
	- Andread Andreas - Andrea	Novel de and and and depart had		<u>.</u>	v			•		
4			. •		•					
		4		· · · · · · · · · · · · · · · · · · ·						
					×.			•		
•							•			
										
										
							•	·		
		······································								

Standard Form 86
Revised October 1987
U.S. Office of Personnel Management

QUESTIONNAIRE FOR SENSITIVE POSITIONS

Form Approved: Q.M.B. No. 3206-0007 Expires: 8-31-90 NSN 7540-00-634-463

NSN 7540-00-634-4636 FPM Chapter 736 Case Number ective Service Record 20a Are you a male born after December 31, 1959? If "Yes", go to 20b. If "No", go to 21. 20b Have you registered with the Selective Service System? If "Yes", give your registration number: 20c If you answered "No', to 20b, are you legally exempt? If "Yes", state the reason for the exemption: Your Military Record Yes No 21a Have you ever received other than an honorable discharge from the military? If "Yes", provide: Date of Discharge (Month and Year): Type of Discharge: Have you ever been subject to court-martial or other disciplinary proceedings under the Uniform Code of Military Justice? If "Yes", list any disciplinary proceedings in the last 15 years and all courts-martial. Date (Month/Year) Place (City and county/country if outside the United States) State Charge or Specification - Has any of the following happened to you in the last 15 years? If "Yes", begin with the most recent occurrence and go backwards, providing-Yes No date fired, quit, or left, and other information requested. Use the following codes to explain the reason your employment was ended: 2 - Quit a job after being told 4 - Left a job by mutual agreement following allegations of unsatisfactory unfavorable circumstances you'd be fired performance ZIP Code State Date (Month/Year) Code Employer's Name and Address Your Police Record If you answer "Yes", to a, b, c, d, or e below, explain your answer(s) in the space provided. Do not include anything that happened before your 16th 23 birthday. Yes 23a Have you ever been arrested, charged, or convicted of a felony offense? 23b Have you ever been arrested, charged, or convicted of a firearms or explosives charge? 23c Are there currently any charges pending against you for any criminal offense? 3d Have you ever been arrested, charged, or convicted of any offenses related to alcohol or drugs? 3e Have you ever been arrested, charged, or convicted of any other type of offense? Leave out traffic fines of less than \$100. Date (Month/Year) Law Enforcement Authority or Court (City and county/country if outside the U.S.) ZIP Code Offense Action Taken Your Involvement With Alcohol and Dangerous Drugs, Including Marijuana and Cocaine This item concerns the use of alcoholic beverages, and the supplying or using, without a prescription, of marijuana, cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), stimulants (cocaine, amphetamines, etc.), depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.), or other dangerous or illegal drugs. Do you now use, or within the last 5 years have you used, alcoholic beverages habitually to excess? Do you now use or supply, or within the last 5 years have you used or supplied, marijuana, cocaine, narcotics, hallucinogenics, or other dangerous or illegal drugs? If you answered "Yes" to question a or b above, provide at the top of page 8 information relating to the types of substance(s) used, the

Enter your Social Security Number before going to the next page.

periods and frequency of use for each, and any other details or explanation relating to your use of these substances.

(Month/Year)	To (Month/Ye	ar) T	ype of Substa Used	1		ır çomments be s d of most recent :	_	frequency of yo	our use during	g each pe	eriod you list
•						***************************************	-		****		
	12			-							
_			••	-		.1	•				••
					Vous Modi	cal Record				- 4	
5 Have	vou ever ha	d a nervo	us breakdown or have	e vou eve				ndition? If "Ves"	niovide infor	mation	Yes 1
below.	Giye perio	d of treat	ment under "From/To	" starting	from the pre	sent.			*		
From Month/Year)	To (Month/Ye	ar)-	Name			spital, or Instituti				State	ZIP Code
					nonde counta)	n outside the on	neu otates,	_			
			Sea to the sea		•						.1.1.1.1
C Hac th	o United S	totae C				ations Record		About fallowide	andala dha a	****	
			overnment ever inves s", but you can't reca								
code o	r clearance	code, as	appropriate, and "Do	n't know	" or "Don't re	ecall" under the	"Other Ag	ency" heading, b			
	····		or can't recall if you w	ere inves							• :
odes for Inve - Defense De		ency	4 - FBI -		Codes for 0 - Not Re	Security Cleara	nce Receiv Top Secre			6 - (Q-Nonsensi
- State Depa	rtment		5 - Treasury Dep	artment	1 - Confid	•	•	ı Compartmented Ir	formation	7-1	
- Office of Pe	ersonnel Ma	nagemen	t 6 - Other (Specif	y)	2 - Secret		Q-Sensitiv			8 - 0	Other
Date Month/Year)_	Agency Code		Other Agency		Clearance Code	Date .(Month/Year).	Agency Code-	Othe	r Agency:		Clearanc
					13	1				-	- 0000
-65	∯·· -	- DOA	"T RECAL	<u> </u>	/	6-05	Z .:	يترسم بالمستسيس		-	Z:
	· I		1200170			0	<u> </u>				
		e, have y	ou ever had a clearar	nce or acc			pended, o	revoked, or have	you ever be	en	Yes
debar		e, have y vernmen	ou ever had a clearar t employment? If "Ye	nce or acces, give o		and agency.	pended, o	revoked, or have	you ever be	en	Yes
debar Date		e, have y vernmen	ou ever had a clearar	nce or acces, give o			pended, o	revoked, or have			×
debar Date		e, have y vernmen	ou ever had a clearar t employment? If "Ye	nce or acces, give o		and agency. Date	pended, o				×
debar Date		e, have y vernmen	ou ever had a clearar t employment? If "Ye	nce or acc s'', give o	date of action	and agency. Date (Month/Year)					×
deban Date fonth/Year)	red from Go	e, have y vernmen Depart	ou ever had a clearar t employment? If "Ye tment or Agency Taking	nce or acc s", give o	date of action	and agency. Date (Month/Year)		Department or			×
debarr Date fonth/Year)—	red from Go	e, have y vernmen Depart	tou ever had a clearar t employment? If "Ye tment or Agency Taking a company effectively	nce or acces, give of action	Your Sinan	and agency. Date (Month/Year) cial Record for bankruptcy?		Department or			
debard Date Sonth/Year) Ba. Have	red from Go	e, have y vernmen Depart	tou ever had a clearar t employment? If "Ye tment or Agency Taking a company effectively a company effectively	controlle	Yours tinened by you filed by you bee	and agency. Date (Month/Year) cial Record for bankruptcy? n declared bankr	upt?	Department or			
deband Date Fonth/Year)— Ba Have Maye Maye Maye Maye Maye Maye Maye May	red from Go /ou, your sp /ou, your sp you, your sp	e, have y vernmen Depart ouse, or ouse, or	tou ever had a clearar t employment? If "Ye tment or Agency Taking a company effectively	controlle	Your Rinared by you filed by you bee	and agency. Date (Month/Year) Icial Record for bankruptcy? In declared bankrin subject to a tax	upt?	Department or	Agency Tak		
Date Sonth/Year) Ba Have Have Have Understand	you, your sp you, your sp you, your sp you, your sp	ouse, or	tou ever had a clearar t employment? If "Ye tment or Agency Taking a company effectively a company effectively a company effectively	g Action_ controlle controlle controlle	Your arinal ad by you filed by you bee ad by you bee ad by you had	and agency. Date (Month/Year) Cial Record for bankruptcy? n declared bankr n subject to a tax legal judgement	upt?	Department or De	Agency Tak		
Date Sonth/Year) Ba. Have Have Have Understand	you, your sp you, your sp you, your sp you, your sp	ouse, or	tou ever had a clearar t employment? If "Ye tment or Agency Taking a company effectively a company effectively a company effectively a company effectively a company effectively	controller	Your unailed by you filed by you bee do by you bee do by you had action and other	and agency. Date (Month/Year) cial Record for bankruptcy? n declared bankr n subject to a tax legal judgement	upt? (lieñ or ott rendered	Department or De	Agency Tak		
Date fonth/Year) Ba Have C Have Ou answered Date	you, your sp you, your sp you, your sp you, your sp you, your sp d "Yes, to a	ouse, or	a company effectively d above, provide date	controller	Your unailed by you filed by you bee do by you bee do by you had action and other	and agency. Date (Month/Year) cial Record for bankruptcy? n declared bankr n subject to a tax legal judgement	upt? (lieñ or ott rendered	Department or De	Agency Tak	ing Actio	Yes
deband Date Month/Year)— 8a. Have Bb Have Bc Have Bc Have Date	you, your sp you, your sp you, your sp you, your sp you, your sp d "Yes, to a	ouse, or	a company effectively d above, provide date	controller	Court of the court	and agency. Date (Month/Year) cial Record for bankruptcy? n declared bankr n subject to a tax legal judgement	upt? (lieñ or ott rendered	Department or De	Agency Tak	ing Actio	Yes
Ba Have you answered fonth/Year) Are you	you, your sp you, your sp you, your sp you, your sp you, your sp d "Yes, to a Type of A	ouse, or ous	a company effectively dabove, provide date Name Action C	controller	Your affinite dead by you filed and by you bee and by you bee and by you had action and other and or financial of the control	and agency. Date (Month/Year) Gal Record for bankruptcy? n declared bankr n subject to a tax legal judgement her information re Name/Addi	upt? clien of off rendered equested b ress of Cou	Department or De	Agency Taki	State	Yes ZIP Code
Ba Have Bb Have Cou answered Date fonth/Year) Are you teed b	you, your sp you, your sp you, your sp you, your sp d "Yes, to a Type of A	ouse, or ous	a company effectively have a	controller	Your affinite dead by you filed and by you bee and by you bee and by you had action and other and or financial of the control	and agency. Date (Month/Year) Gal Record for bankruptcy? n declared bankr n subject to a tax legal judgement her information re Name/Addi	upt? clien of off rendered equested b ress of Cou	Department or De	Agency Taki	State	Yes ZIP Code
Date Sonth/Year) Ba Have C Have Q Have Ou answered Date Fonth/Year) Are you teed b	you, your sp you, your sp you, your sp you, your sp you, your sp d "Yes, to a Type of A	ouse, or ous	a company effectively dabove, provide date Name Action C	controller	date of action South that d by you filed d by you bee d by you bee d by you had action and oth Under	and agency. Date (Month/Year) Gal Record for bankruptcy? n declared bankr n subject to a tax legal judgement her information re Name/Addi	upt? clien or other rendered bequested because of Country on was managed.	Department or De	Agency Taki	State	ZIP Code
deband Date Sonth/Year) Ba Have C Have C Have Date Sonth/Year) Are you teed b	you, your sp you, your sp you, your sp you, your sp d "Yes, to a Type of A	ouse, or ous	a company effectively dabove, provide date Name Action C	controller	date of action South that d by you filed d by you bee d by you bee d by you had action and oth Under	and agency. Date (Month/Year) Gal Record for bankruptcy? n declared bankr "Subject to a tax legal judgement er information re Name/Addi	upt? clien or other rendered bequested because of Country on was managed.	Department or De	Agency Taki	State or guaraested be	ZIP Code
Date Sonth/Year) Ba Have C Have C Have Ou answered Date Sonth/Year) Are you teed b	you, your sp you, your sp you, your sp you, your sp d "Yes, to a Type of A	ouse, or ous	a company effectively dabove, provide date Name Action C	controller	date of action South that d by you filed d by you bee d by you bee d by you had action and oth Under	and agency. Date (Month/Year) Gal Record for bankruptcy? n declared bankr "Subject to a tax legal judgement er information re Name/Addi	upt? clien or other rendered bequested because of Country on was managed.	Department or De	Agency Taki	State or guaraested be	ZIP Code
Date Month/Year) Ba Have C Have C Have C Have Date Month/Year) Are you teed b Date	you, your sp you, your sp you, your sp you, your sp d "Yes, to a Type of A	ouse, or ous	a company effectively dabove, provide date Name Action C	controller	date of action South that d by you filed d by you bee d by you bee d by you had action and oth Under	and agency. Date (Month/Year) Gal Record for bankruptcy? n declared bankr "Subject to a tax legal judgement er information re Name/Addi	upt? clien or other rendered bequested because of Country on was managed.	Department or De	Agency Taki	State or guaraested be	ZIP Code
Date Sonth/Year) Ba Have C Have C Have Ou answered Date Sonth/Year) Are you teed b	you, your sp you, your sp you, your sp you, your sp d "Yes, to a Type of A	ouse, or ous	a company effectively dabove, provide date Name Action C	controller	date of action South that d by you filed d by you bee d by you bee d by you had action and oth Under	and agency. Date (Month/Year) Gal Record for bankruptcy? n declared bankr "Subject to a tax legal judgement er information re Name/Addi	upt? clien or other rendered bequested because of Country on was managed.	Department or De	Agency Taki	State or guaraested be	ZIP Code
deband Date Month/Year) 8a Have Bb Have C Have C Have Date Month/Year) 9 Are you	you, your sp you, your sp you, your sp you, your sp d "Yes, to a Type of A	ouse, or ous	a company effectively dabove, provide date Name Action C	controller	date of action South that d by you filed d by you bee d by you bee d by you had action and oth Under	and agency. Date (Month/Year) Gal Record for bankruptcy? n declared bankr "Subject to a tax legal judgement er information re Name/Addi	upt? clien or other rendered bequested because of Country on was managed.	Department or De	Agency Taki	State or guaraested be	Yes I
deban Date Month/Year) 8a. Have Bb Have Roman Have Have Bd Have Date Month/Year) Are you answered be the month of the month	you, your sp you, your sp you, your sp you, your sp d "Yes, to a Type of A	ouse, or ous	a company effectively dabove, provide date Name Action C	controller	date of action South that d by you filed d by you bee d by you bee d by you had action and oth Under	and agency. Date (Month/Year) Gal Record for bankruptcy? n declared bankr "Subject to a tax legal judgement er information re Name/Addi	upt? clien or other rendered bequested because of Country on was managed.	Department or De	Agency Taki	State or guaraested be	Yes I
deband Date Month/Year) 8a Have Bb Have C Have C Have Date Month/Year) 9 Are you	you, your sp you, your sp you, your sp you, your sp d "Yes, to a Type of A	ouse, or ous	a company effectively dabove, provide date Name Action C	controller	date of action South that d by you filed d by you bee d by you bee d by you had action and oth Under	and agency. Date (Month/Year) Gal Record for bankruptcy? n declared bankr "Subject to a tax legal judgement er information re Name/Addi	upt? clien or other rendered bequested because of Country on was managed.	Department or De	Agency Taki	State or guaraested be	Yes I

Page 8

Have you e	ver been a mer	mber, officer,	or byee	of the Commun	ist Party?			Y
Have you ev	er been a mer s the overthro	mber, officer, w of our Gove	or employee ernment; 2)	of any organiza advocates or ap	tion, association	nitting acts of for	n: ce or violence to deny others their	r
Håve you ev	er made a fina	ancial or other	r material cor	ntribution to any	organization of	onal means? the type describ	ed in Questions 30a or 30b?	
At the time of	f your membe	rship, particip	ation, or con	tribution did you	know of the un	lawful aims of th	e organization(s)?	
Did you inte	nd to promote	the unlawful a	aims of the o	rganization(s)?				•
				Contin	uation Space		official state of the control of the state o	
ormation you v	would like to a	dd. If more sp	ace is need	rs to questions ! ed than what is	9, 10, and 11. provided below,	Use the space b	pelow to continue answers to all o tet(s) of paper. Start each sheet w	ther question
	····							
4 W 35 V 3 MIN W	waste state of purple			P4	-	No. No. of Section 2	AND AND STORY, LINE AND SECTION AS THE SAME MARKET AS ME A	
Serve 19 the Serve State of Servers				PRINTED TO THE WAY TO SEE STATE OF THE SECOND	der and the standard an	en e	an aristina orași de la completă de	district the company
			A STATE OF STREET STREET	A STATE OF THE PROPERTY OF THE PARTY.		*****		market and a second
The state of the state of the		Same Carlotte Control of the Control		Anna anna Programa (Alla de Harras anna	er, betalubertfiletige -	The state of the s	PTM 5 7 Act to 18 to 25 to	payanga, pig pilikabanya, _{pin} " x
e mar	4 TO - 9			, , , , , , , , , , , , , , , , , , ,				
- -	· · · · · · · · · · · · · · · · · · ·			· · · ·	-			•
ter i gran a marana.	on memoring — pic critical type, para palecon at	en and modification and accom-	-danger families in			e inggenera nee ningirii e ega e		
				·		<u> </u>		
					•	· · · · · · · · · · · · · · · · · · ·		
<u>-</u>	-					····		
	• .			•				•
rain saiste	Market 2		ng mga kang pangga	-25m Fangyar alls	ئۇۋۇرى يېتىن سىسىيى داد	ا دۇ دېرە سېتىگانچى ئاسىر د	and the second of the second o	And the second
	•	:		44.		•		
• • •	•			-	•			-
ompleting Fen sign and	arts 1 and 2	of this form	, you should	d review your	answers to all	questions to	make sure the form is comple	ete and ac
	~~~~~~~						rne	•
ach question erial facts or	asked of me events, the I	ructions exp e and under Federal Go	plaining the stood each vernment m	purpose of this question. I un ay fire me, ma	s form and the derstand that ay not hire me	e Federal Gove if I did not tell to e, may deny or	ernment's authority for asking the truth on this form or did no revoke my clearance, or may	t list all rel
							Date	* **
re (Sign in ink)	m.	Shop	fle	<u> </u>			11-30-	88
	Have you ev 1) advocate constitutiona Have you ev If you answe At the time o Did you inter List each org continuation printing Numb security Numb and understeach question erial facts or	Have you ever been a mer 1) advocates the overthro constitutional rights; or 3) Have you ever made a fina If you answered "Yes", to At the time of your member Did you intend to promote List each organization and continuation sheet(s) (SF ormation you would like to a Security Number. Before each organization and the security Number is a continuation asked of metal facts or events, the stand that prosecution metal facts or events, the stand that prosecution metal facts or events.	Have you ever been a member, officer, 1) advocates the overthrow of our Govo constitutional rights; or 3) wants to chat Have you ever made a financial or other officer, to 30a, 30b, or At the time of your membership, particip. Did you intend to promote the unlawful. List each organization and provide an expension of the continuation sheet(s) (SF 86A) for additional provide and the promote that the following certification and date the following certification and understood the instructions expension asked of me and understood the instructions expension asked of me and understood that the following certification and that prosecution may result in respect to the following certification and that prosecution may result in respect to the following certification of the following certification asked of me and understood the instructions expension asked of me and understood that prosecution may result in respect to the following certification of the following certification asked of me and understood that prosecution may result in respect to the following certification of the fo	Have you ever been a member, officer, or employee 1) advocates the overthrow of our Government; 2) constitutional rights; or 3) wants to change our form Have you ever made a financial or other material corlif you answered "Yes", to 30a, 30b, or 30c, answer At the time of your membership, participation, or condid you intend to promote the unlawful aims of the or List each organization and provide an explanation of continuation sheet(s) (SF 86A) for additional answer continuation sheet(s) (SF 86A) for additional answer mation you would like to add. If more space is need security Number. Before each answer, identify the number of the provided and the provided and understood the instructions explaining the act and understood the instructions explaining the act and understood asked of me and understood each prial facts or events, the Federal Government metand that prosecution may result in my being finance that the prosecution may result in my being finance that the provided and the	Have you ever been a member, officer, or employee of any organizat 1) advocates the overthrow of our Government; 2) advocates or approximate a financial or other material contribution to any If you answered "Yes", to 30a, 30b, or 30c, answer 30d, 30e, and 30d. At the time of your membership, participation, or contribution did you Did you intend to promote the unlawful aims of the organization(s)? List each organization and provide an explanation of your involvement or continuation sheet(s) (SF 86A) for additional answers to questions to promote the unlawful aims of the organization and provide an explanation of your involvement or continuation sheet(s) (SF 86A) for additional answers to questions to promote you would like to add. If more space is needed than what is provided to your provided and you would like to add. If more space is needed than what is security Number. Before each answer, identify the number of the question you would like to add. If more space is needed than what is security Number. Before each answer, identify the number of the question you would like to add. If more space is needed than what is security Number. Before each answer, identify the number of the question and date the following certification and sign and date to the instructions explaining the purpose of this characteristic provides and understood the instructions explaining the purpose of this characteristic provides and understood the instructions explaining the purpose of this characteristic provides and understood the instructions explaining the purpose of this characteristic provides and understood the instructions explaining the purpose of this characteristic provides and understood the instructions explaining the purpose of this characteristic provides and the purpose of t	Have you ever been a member, officer, or employee of any organization, association of advocates the overthrow of our Government; 2) advocates or approves of composition (and provided in the provided by a manufacture of the provided by an advocate or approves of composition (and provided in the provided by an advocate or any organization of If you answered "Yes", to 30a, 30b, or 30c, answer 30d, 30e, and 30f. At the time of your membership, participation, or contribution did you know of the un Did you intend to promote the unlawful aims of the organization(s)? List each organization and provide an explanation of your involvement and activities continuation sheet(s) (SF 86A) for additional answers to questions 9, 10, and 11. Tomation you would like to add. If more space is needed than what is provided below security Number. Before each answer, identify the number of the question. Centify Number and the question of the question of the question of the question of the provided below the provided the provided of the provided provided the provided provided the provided	Have you ever been a member, officer, or employee of any organization, association, or group which 1) advocates the overthrow of our Government; 2) advocates or approves of committing acts of for constitutional fights; or 3) wants to change our form of Government by unconstitutional means? Have you ever made a financial or other material contribution to any organization of the type describ if you answered "Yes", to 30a, 30b, or 30c, answer 30d, 30e, and 30f. At the time of your membership, participation, or contribution did you know of the unlawful aims of the Did you intend to promote the unlawful aims of the organization(s)? List each organization and provide an explanation of your involvement and activities with each one: Continuation sheet(s) (SF 86A) for additional answers to questions 9, 10, and 11. Use the space to continuation sheet(s) (SF 86A) for additional answers to questions 9, 10, and 11. Use the space to material your development of the question. Continuation sheet(s) (SF 86A) for additional answers to questions 9, 10, and 11. Use the space to material your development of the question. Centification That My Answers Are T and understood the instructions explaining the purpose of this form and the Federal Government may fire me, may not hire me, may deny or and understood the instructions explaining the purpose of this form and the Federal Government may fire me, may not hire me, may deny or land that prosecution may result in my being fined up to \$10,000, imprisoned up to 5 years.	Have you ever been a member, officer, or employee of any organization, association, or group which: 1) advocates the overthrow of our Government; 2) advocates or approves of committing acts of force or violence to deny others their constitutional rights; or 3) wants to change our form of Government by unconstitutional means? Have you ever made a financial or other material contribution to any organization of the type described in Questions 30a or 30b? If you answerd "Yes", to 30a, 30b, or 30c, answers 30d, 30b, and 30d, 30b, 30d, 30d, 30d, 30d, 30d, 30d, 30d, 30d

Standard Form 86
Revised October 1987
U.S. Office of Personnel Management
FPM Chapter 736

Form Approved: O.M.B. No. 3206-0007 Expires: 8-31-90 NSN 7540-00-634-4036

UNITED STATES OF AMERICA

Carefully read this authorization to release information about you, then sign and date it in ink.

AUTHORITY FOR RELEASE OF INFORMATION

I Authorize any duly accredited representative of the Federal Government, including those from the U.S. Office of Personnel Management, the Federal Bureau of Investigation, and the Department of Defense, to obtain any information relating to my activities from schools, residential management agents, employers, criminal justice agencies, financial or lending institutions, credit bureaus, consumer reporting agencies, retail business establishments, medical institutions, hospitals or other repositories of medical records, or individuals. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, personal history, disciplinary, criminal history record, arrest, conviction, medical, psychiatric/psychological, and financial and credit information.

I Further Authorize the U.S. Office of Personnel Management, the Federal Bureau of Investigation, the Department of Defense, and any other authorized agency, to request criminal history record information about me from criminal justice agencies for the purpose of determining my eligibility for access to classified information, or assignment to, or retention in, sensitive national security duties, in accordance with 5 U.S.C. 9101.

I Direct You To Release such information upon request of the duly accredited representative of any authorized agency regardless of any agreement I may have made with you previously to the contrary.

I Understand that the information you release is for official use by the Federal Government, and that these users may redisclose the information you release as authorized by law.

I Release any individual, including records custodians, from all liability for damages that may result to me on account of compliance or any attempts to comply with this authorization. This release is binding, now and in the future, on my heirs, assigns, associates, and personal representative(s) of any nature. Copies of this authorization that show my signature are as valid as the original release signed by me.

Signature (Sign in ink)	Full Name (Typed)
Nefly Old Ve	CARL M. SHOFFLER
Other Names Used	. Social Security Number 2016 - 34 - 6,0,8,7
Current Address (Street, City)	State ZIP Code Home Telephone Number
2930 TALLOW LANE BOWIE MJ.	Md 20.7.1.5 (Include Area Code)
Date Parent/Guardian Signature (If Required)	1111-013-1111-1
12-15-88	

AUTHORITY TO RELEASE INFORMATION:

TO WHOM IT MAY CONCERN:

I hereby authorize any Special Agent or other authorized representative of the Federal Bureau of Investigation bearing this release, or copy thereof, within one year of its date, to obtain any information in your files pertaining to my CPA/State Bar records (including any grievance records), employment, military, educational records (including, but not limited to, academic, achievement, attendance, athletic, personal history, and disciplinary records), medical records, credit records, (including credit card and payment device numbers), and law enforcement records (including, but not limited to, any record of charge, prosecution or conviction for criminal or civil offenses). I hereby direct you to release such information upon request to the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Federal Bureau of Investigation. Consent is granted for the Federal Bureau of Investigation to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, retail business establishment, law enforcement agency, or criminal justice agency, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I am furnishing my Social Security Account Number on a voluntary basis with the understanding such is not required by Federal statute or regulation. I have been advised the EBI-will utilize this number only to facilitate the location of employ ment, military, credit, and educational records concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below.

	Full-Name:	all Marke
, ·		(Signature) (Include maiden & any other previously-used name)
the management according print man, management member of or the or	Full Name:	CARL M ShOFFLER
Andromone inchanguish die a to see in metalliche der der gestellt der	and the second of the second o	(Typed or Printed)(Include maiden & any other previously-used name)
•	Social Security Account	Number: 206 34 6087
	Parent or Guardian: (If required)	
;	Date:	11-30-88
	Current Address:	2930 TALLOW LANE
		Bowie Md 20715
	Telephone Number:	301-464-2427
3*	CPA/Bar Membership(s)	STATE
. · ·		REGISTRATION NUMBER
•		

(Special Agent)
Federal Bureau of Investigation

Witness:

PHOLUSURE

INSTRUCTIONS: Please sign and return one of the two enclosed copies.

This is to advise you, in conformance with the Privacy Act of 1974, that the information solicited from you by personnel of the FBI is needed to complete background inquiries required by the authority granted in Title 28, Part O, Subpart P, Paragraph 0.85, Subparagraph C, Code of Federal Regulations. The furnishing of this information is voluntary on your part and will be used to determine your eligibility for access to FBI space or certain FBI material.

You should also be aware that willfully making a false statement or concealing a material fact could be a basis for refusing you access to FBI space or certain FBI material, and may constitute a violation of Section 1001, Title 18, United States Code.

You are not required to execute this form; however, if you do not, this refusal may result in the inability of the FBI to obtain information necessary to complete background inquiries and thus lead to a denial of your request for access to FBI space or certain FBI material.

(Signature of Applicant)

(Date)

259-1033-9

WMFO 259C-NEW

<u>Name</u>	<u>DOB</u>	<u>Agency</u>	
1. CARL M. SHOFFLER 2.	06/17/45	MPD, WDC	7
3. 4. 5. 6. 7.			
In an effort to ex conducted preliminary inves and criminal and indices che checks are reported below:	TIMATIANG AAI	anintime as all	dit
On 12/20/88 a comp Criminal Records Exchange (C (USP), Richmond, Va., failed identifiable with candidates	CDEN Trimeini	5 C+-+- 5-11	
TA the files of the Fairfax Cou	ソンサスアイグ てきず マー・マー・ディー・	rch to be made	ar sale- en examinations acc
Department, and was advised located regarding in applicant matters only classically available.	<u>on 12/22</u> /88	that no record	was that
	inia, Police record was 1 It is to b	ocated concernice noted that at	l was
the files of the Washington, Department and was advised on located concerning candidates It is to be Indefinite number of unidenti and an accurate search can no	D.C. Metropolic 12/27/88, till SHOFFLER, noted that a	nat no record w	as
of the files of the Credit Bu Spring, Md. on 12/20/88. All have satisfactory credit rati reports have been enclosed wi	reau, Incorpo of the candi	dates appeared	

b6 b7C

2

259-1033-9 ENCLOSURE WMFO 259C-NEW

On 1/5/88, IA to be made of the Herndon, Va. Police Deparrecord was identifiable with the candidate,	caused a search . tment and no .
On 1/10/89, IA files of the U.S. Park Police and no identication of the U.S. Park Police and No. Park	searched the fiable adult any of the

A review of WMFO general indices, confidential indices and Elsur indices revealed numerous items identifiable with each of the candidates, none of which were derogatory. Each of the candidates have assisted with Bureau investigations in the past and that was the nature of the indices report.

WMFO is placing this matter in a pending inactive status awaiting the authorization of FBIHQ to conduct the appropriate background investigation.

259C BUDED: 2/20/90 Instructions on the Back of Agency Copy 2

OPM-FIPC LISE ONLY

OFI Form 79	
March 1986	

NOTICE	OF	PERSONNEL	INVESTIGATION

PART A: PERSONNEL INVESTIGATION INFORMATION (To be completed 1. Subject's Full Name (Middle) (Middle)		agency) 2 SSN			3. DOB	
\mathcal{O}	(Jr., Sr., II, etc.)	1	ایا		t	٠.
SHOFFLER, CARL M.		206	34	6087	6	1
4. Place of Birth (City, County, State, Country) 5. Oth	ner Name(s) Used (Nee, A	AKA, FMN)				
ASHLAND, PA						
6. Date Investigation Initiated 7. Agency File Number		8. Date and	f Type of	Appointment		
1/18/90 259C-HQ-R-1033	3					
9. Investigating Agency	cation of Agency File					_
SOI Code: D J 0 2			SOL	Code:		\perp
1 D O DOV 1215	ame:					
Address: P.O. BOX 1315 PITTSBURGH, PA 15230	ddress:					
·						
11. Type of Investigation						
BI (5 Years) MBI Periodic Reinves	stigation (PRI)					
SBI (15 Years) LBI Other (Specify) 12. OPM Action Requested						
	action/Conduct Cl	I Coarab				96
☐ Notice of Investigation Only	yadon/Conduct Si					o70
Part A		Completing	Official'	s Telephone No).	_
completed byIAon	1/26/90		(₂) ₄₇₁	20	Λ Λ
(Signature) PART B: OPM RESORD INFORMATION (To be completed by OPM-FIPC)	(Date)		\ 41	2/ 4/1	20	00
TAIL D. CAM TIESOND INFORMATION (TO be completed by Ormatico)					<u> </u>	
 3. OPM Record Information Attached 4. A						,
6. Other (Specify): Part B	V	1 7 6). Torquant.	133	3	H
" 30 ° 50 = 1	H	57		Ø		•
Part B completed byor	•					
(Signature)	(Date)			····		
PART C: AGENCY ADJUDICATION ACTION (To be completed by adjudic	·					
COMPLETE AND RETURN THIS FORM UPON FINAL ADJUDICATION OF				M-FIPC, BO	YERS	PA
1. Subject not contacted: 7 favorable determination	7. Letter of wa	rning iss	ued			
	8. Letter of rep	orimand i	issued			
favorable determination						
3. Subject terminated/resigned/withdrew prior to determination	9. Suspension	of 14 da	iys or I	ess		
4. Subject not appointed due to security/suitability issues						
5. Subject removed due to security/suitability issues						
6. Other (Specify):		All	A	r se e la	2-1	
		P				
		<i>;</i>	ç	÷ • •,		
D				it -	ı	
Part C completed by on .	-			11.7/2-		
(Signature)	(Date)					
021110				10		
id 5.2						

FEDERA BUREAU OF INVESTIGATION

W EAS

REPORTING OFFICE	OFFICE OF ORIGIN	DATE	INVESTIGATIVE PERIOD		
PITTSBURGH	BUREAU	2/5/90	1/26 - 1/30/90		
TITLE OF CASE		REPORT MADE BY		TYPED BY	.b6
//		IA		JLI_	b7C
CARL M. SHOFFLER		CHARACTER OF	CASE		
		FBI JOINT	CLEARANCE INVESTIGA TASK FORCE - WMFO COUNTERINTELLIGENCE CE)		

REFERENCE: BA airtel to FBIHQ, dated 1/18/90.

- P -

ADMINISTRATIVE:

"Where appropriate, Privacy Act (e) (3) data was furnished to persons interviewed. Express promises of confidentiality, both limited and unlimited, have been noted were granted."

APPROVED	BURS	SPECIAL AGENT IN CHARGE	DO NOT WRITE IN SPACES BELOW
COPIES MADE:	(X)	//г 08-1033) (259С-НО-R-1033)	OCT 31 1090
Dis	semination Record	of Attached Report	Notations
Agency			-
Request Recd.			
Date Fwd.			
How Fwd.			
Ву		L-13	

-A-COVER PAGE M

Ъ6 .b70

FBI/DOJ

Roe 52 17/90 201

259C-HQ-R-1033

LEAD

PITTSBURGH

AT PITTSBURGH, PA, (ALLEGHENY COUNTY)

Will forward original copy of OPM results upon receipt.

UNITED TATES DEPARTMENT OF JUSTICE

Copy to:

Report of:

IA

February 3, 1990

Office: PITTSBURGH

b6 b7C

Field Office File #: 259C-HQ-R-1033

Bureau File #: 259C-1033

Title:

Date:

CARL M. SHOFFLER

Character: Security Clearance Investigations Program

FBI Joint Task Force - WMFO (Foreign Counterintelligence - Security

Clearance)

Synopsis:

Birth verified.

- P. 物江····

DETAILS:

On January 30, 1990 , a check of records at the Commonwealth of Pennsylvania, Department of Health, Vital Statistics, New Castle, Pennsylvania (PA), 16103, verified that applicant was born Carl Marion Shoffler on June 17, 1945 at Barry Township, Schuylkill County, Pennsylvania to Allen Marion Shoffler and Elenore Larue Smith. This information was filed on June 21, 1945 , under File No. 80603-45.

FEDERAL BUREAU OF INVESTIGATION

REPORTING OFFICE	OFFICE OF ORIGIN	DATE	INVESTIGATIVE PERIOD	***	
PHILADELPHIA	BUREAU	2/6/90	INVESTIGATIVE PERIOD		_
TITLE OF CASE		SEF		TYPED BY b'	6 7C
CARL M. SHOFFLER		CHARACTER			
		CHARACTER		OTONG	
		SECURITY (PROGRAM FI FCI - SC	CLEARANCE INVESTIGAT BI JOINT TASK FORCE	- WMFO	
	RI	EFERENCE			

Bureau airtel to Baltimore, et al, 1/18/90.

-RUC-

ADMINISTRATIVE

A review of the Philadelphia Indices (General and Elsur) provided no record of the candidate or members of his family.

Where appropriate, Privacy Act (e) (3) data was furnished to persons interviewed. Express promises of confidentiality, both limited and unlimited, have been noted where granted.

APPROVED COPIES MADE:	44/1/	SPECIAL AGENT IN CHARGE	DO NOT WRITE IN SPACES BELOW
/ <u>/</u> /2/ - Br	eds hilyed ireau (Attm: bom 4382) biladelphia (25	9C-HQ-1033) (SQ11)	259-1033-12
		•	1990
Disse	mination Record of A	ttached Report	N
		manag naport	Notations
rgency			
rgency		1 1	
Request Recd.			
Agency Request Recd. Date Fwd How Fwd.			

COVER PAGE

b6 b7C

b6 b7C

Recidaliz

253

UNITED STATES DEPARTMENT OF JUSTICE Federal Bureau of Investigation

Copy to:			
Report of: Date:	SA 2/6/90	Office:	Philadelphia, Pennsylvania
Field Office File #:	PH 259C-HQ-1033	Bureau File	; • #:
Title:	CARL M. SHOFFLER		
Character:	•	-	
-natucies.	SECURITY CLEARANCE INVESTIGATE FBI JOIN TASK FORCE - WMFO (FO		GRAM
ynopsis:	No arrest records located.	,	
	-RUĆ-	-	
DETAILS:	Indices check conducted by Sur PENNSYLVANIA STATE PO by SE remaining Special Agent (SA)	OLICE (P	ployee (SE) SP) checks conducted igation conducted by

b6 b7С

.b6 .b7С 259C-HQ-1033 (SQ 11) TKC:djl

CARL M. SHOFFLER

ARREST

On February 1, 1990, Shamokin, Pennsylvania Police Chief JAMES HODGE, stated that a search of his department's records failed to reveal any record of the applicant's mother-in-law MARY BOYD or his

b6 b7С

Also on that same date, VICKEY MC CLOUD, Records Clerk, SUNBURY, PENNSYLVANIA POLICE DEPARTMENT stated that her search of that department's records did not reveal any mention of the applicant's

Note that Keiser, Pennsylvania, is part of Marion Heights, Pennsylvania, the PENNSYLVANIA STATE POLICE check covers that area.

PH 259C-HQ-1033 (SQ11) TKC:aw

1

ARREST

On February 1, 1990, a CLEAN check provided no PENNSYLVANIA STATE POLICE (PSP) records for the candidate's relatives.

INTEBSI 10 19 RR

0852 MRI 02023

RR RUEHFB

DE FBIBA #0019 0442313

ZNR UUUUU

R 132250Z FEB 90

FM FBI BALTIMORE (259C-HQ-1033) (RUC)

TO DIRECTOR FBI/ROUTINE/

BT

UNCLAS

CITE: //3050:2420:SQ-15//

PASS: INDUSTRIAL SECURITY AND CLEARANCE INVESTIGATIONS UNIT,

ROOM 4382.

b6 Ъ7С

SUBJECT: CARL M. SHOFFLER; SECURITY CLEARANCE INVESTIGATIONS
PROGRAM; FBI JOINT TASK FORCE-WMFO (FCI-SC); OO: BUREAU; BUDED:
2/20/90.

RE BUREAU AIRTEL TO BALTIMORE ETAL, DATED 1/18/90 AND CAPTIONED AS ABOVE.

NONE OF THE PERSONS CONTACTED REQUESTED CONFIDENTIALITY UNDER THE PROVISIONS OF THE PRIVACY ACT.

ON 2/2/90,

le o detrochel

259-1033-13

LIE VIEW

Dep. Dir. _ ADD Adm. _____ Lynl GDA

Acit Dir.:

. Of Public Affs.

Aliana Rima

b6 b7C

4156

b6 b7C

b6 b7C

b6

PAGE TWO DE FBIBA 0019 UNCLAS

ADVISED HE IS IN WA	ASHINGTON, D.C. AND HAS KNOWN
THE CANDIDATE IN A PROFESSIONAL CAPAC	CITY SINCE 1972, WHEN THE
CANDIDATE WAS A POLICEMAN AND WORKED	WITH HIM. HIS RELATIONSHIP
WAS PURELY A BUSINESS RELATIONSHIP, H	HOWEVER, HE ADVISED THE
CANDIDATE IS A CAPABLE AND ENERGETIC	INVESTIGATOR. HE HAS NO
REASON TO QUESTION CANDIDATE'S LOYALT	TY TO THE UNITED STATES AND
ADVISED THAT HE WAS A PERSON OF GOOD	CHARACTER AND REPUTATION.
CAMPBELL IS NOT AWARE OF THE CANDIDAT	TE EVER USING DRUGS OR
ABUSING ALCOHOL AND DESCRIBED HIM AS	A MENTALLY STABLE PERSON WHO
LIVES WITHIN HIS MEANS. HE STATED HE	E WOULD RECOMMEND THE
CANDIDATE FOR A SENSITIVE POSITION WI	ITH THE UNITED STATES
COVERNMENT	·

ARREST:

A CHECK OF THE MARYLAND.STATE POLICE RECORDS FOR CARL M.
SHOFFLER AND WAS NEGATIVE.

DEFENSE CENTRAL INDEX OF INVESTIGATIONS (DCII):

ON 2/1/90, A CHECK OF THE DEFENSE CENTRAL INDEX OF INVESTIGATIONS FILES REVEALED NO RECORD FOR THE CANDIDATE.

MISCELL ANEOUS:

ON 1/29/90, THE MARYLAND INTERAGENCY LAW ENFORCEMENT SYSTEM (MILES) WAS CHECKED WHICH REVEALED A VALID MARYLAND DRIVER'S

PAGE THREE DE FBIBA 0019 UNCLAS

LICENSE FOR CARL MARRION SHOFFLER, WHO RESIDES AT 2930 TALLOW
LANE, BOWIE, PRINCE GEOGES COUNTY, MD. 20715. HIS DATE OF BIRTH
WAS SHOWN TO BE 6/17/45. HE HOLDS A MARYLAND VALID DRIVER'S
LICENSE AND DOES NOT HAVE ANY CURRENT POINTS.

INDICES:

TI	HE BAL	TIMORE	GENERA	L. CONF	IDENTI	AL	AND	ELSUR	INDICES	WERE
CHECKE	HTIW C	NEG AT	IVE RES	ULTS FO	R CARL	. M.	SHO	FFLER,		
вт										

NNNN

#0019

Ъ6 Ъ7С

FEDERAL BUREAU OF INVESTIGATION

PORTING OFFICE OF ORIGIN		DATE	INVESTIGATIVE PERIOD		
ST. LOUIS	BUREAU	2/16/90	1/31-2/16/90		
TITLE OF CASE		REPORT MADE	ВУ	TYPED BY:	
ONDE VICE		IA		bjb	
CARL M. SHOFFLER		CHARACTER OF	CASE	1,,,	
			CLEARANCE INVESTIC FBI JOINT TASK FO -SC)		

REFERENCE: Buairtel to Baltimore, 1/18/90.

- RUC -

ADMINISTRATIVE:

Where appropriate, Privacy Act (e) (3) data was furnished to persons interviewed. Express promises of confidentiality, both limited and unlimited, have been noted where granted.

St. Louis Division General indices were negative regarding candidate.

APPROVED KE	SPECIAL AGENT IN CHARGE	DO NOT WRITE IN SPACES BELOW
(Attn: Roo	OC-1033) om 4382) (259C-HQ-R1033)	259 -1033-14 9 FEB 200 1990
DISSEMINATION REC	ORD OF ATTACHED REPORT	Notations
Agency		
Request Recd.		
Date Fwd.		- LA AAN
How Fwd.		
Ву		
		Δ*

COVER PAGE

Jeol W

b6 b7C

b6 b7C

Ъ6 Ъ7С

UNITED STATES DEPARTMENT OF JUSTICE Federal Bureau of Investigation

Copy to:

Report of:

IA February 16, 1990

Office: ST. LOUIS

Date:

Field Office File #:

SL 259C-HO-R1033

Bureau File #: 259C-1033

Title:

CARL M. SHOFFLER

Character:

SECURITY CLEARANCE INVESTIGATIONS PROGRAM

FBI JOINT TASK FORCE -

Synopsis:

WASHINGTON METROPOLITAN FIELD OFFICE

(FOREIGN COUNTERINTELLIGENCE - SECURITY COUNTERMEASURES)

SHOFFLER served honorably in ARMY. Foreign service, awards, performance ratings, military occupations and security clearance reported.

- RUC -

DETAILS:

AT ST. LOUIS, MISSOURI:

Military Service

On February 16, 1990, a review of the records on file at the FEDERAL RECORDS CENTER, Military Branch, 9700 Page Boulevard, disclosed CARL MARRION SHOFFLER, service number 13 858 900, enlisted and entered on active duty in the ARMY on September 20, 1965, at Harrisburg, Pennsylvania. He was honorably released from active duty on June 19, 1969, as a specialist fourth class (E-4) (highest rank attained), at Warrenton, Virginia (completion of required service) and transferred to the ARMY RESERVE to complete his military obligation. He then served in the ARMY RESERVE, inactive status until September 19, 1971 when honorably discharged by reason of expiration of term of service.

This document contains neither recommendations nor conclusions of the FBI. It is the property of the FBI and is loaned to your agency; it and its contents are not to be distributed outside your agency.

b6 b7C SL 259C-HQ-R1033

He had foreign service in Vietnam from June, 1966 to May, 1967. He was awarded the National Defense Service Medal, Vietnam Service Medal, Republic of Vietnam Service Medal, Good Conduct Medal and the Expert Badge with Rifle Bar. There was no record of courts-martial or unauthorized absence and his performance was rated consistently as excellent.

His military occupations were listed as morse interceptor and stock control and accounting specialist. He was granted a TOP SECRET security clearance on March 21, 1966, which terminated at discharge.

His date and place of birth were shown as June 17, 1945, at Ashland, Pennsylvania.

AIRTEL

2/20/90

TO:

DIRECTOR, FBI

(ATTN: INDUSTRIAL SECURITY AND CLEARANCE INVESTIGATIONS

UNIT, RM 4382, TL# 242)

FROM:

SAC, WMFO (259C-HQ-1033)

(ATTN: SECURITY OFFICER, A-4)

Ruc

SUBJECT:

CARL M. SHOFFLER

SECURITY CLEARANCE INVESTIGATIONS PROGRAM

FBI JOINT TASK FORCE - WMFO (FCI-SC)

OO: BUREAU
BUDED: 2/20/90

RE: BU AT dated 1/18/90.

tached for FBIHQ is one copy of an SF 312 for the above nammed individual.

On the date indicated on the enclosed SF 312, the WMFO Security Officer (or his designated representative) conducted a debriefing of the above captioned individual. Appropriate security regulations were discussed and the individual was reminded not to discuss any FBI information that they may have had access to with anyone. No FBI documents have been retained by the individual.

Inasmuch as captioned candidate is no longer involved in task force matters at WMFO, FBIHQ is requested to discontinue investigation.

/ III.

259-1033-15

FBIHQ, ISCIU,RM 4382, TL 242

2- WMFO

1- 259C-HQ-1033

1- 259A-318

(Attn: Security Officer, A-4)

MH:daa

M

b6 b7C

Recolated

AN AGREEMENT BETWEEN

SHOFFLER

AND THE UNITED STATES

MENT

(Name of Individual - Printed or typed)

- 1. Intending to be legally bound, I hereby accept the obligations contained in this Agreement in consideration of my being granted access to classified information. As used in this Agreement, classified information is marked or unmarked classified information, including oral communications, that is classified under the standards of Executive Order 12356, or under any other Executive order or statute that prohibits the unauthorized disclosure of information in the interest of national security; and unclassified information that meets the standards for classification and is in the process of a classification determination as provided in Sections 1.1(c) and 1.2(e) of Executive Order 12356, or under any other Executive order or statute that requires protection for such information in the interest of national security. I understand and accept that by being granted access to classified information, special confidence and trust shall be placed in me by the United States Government.
- 2. I hereby acknowledge that I have received a security indoctrination concerning the nature and protection of classified information, including the procedures to be followed in ascertaining whether other persons to whom I contemplate disclosing this information have been approved for access to it, and that I understand these procedures.
- 3. I have been advised that the unauthorized disclosure, unauthorized retention, or negligent handling of classified information by me could cause damage or irreparable injury to the United States or could be used to advantage by a foreign nation. I hereby agree that I will never divulge classified information to anyone unless: (a) I have officially verified that the recipient has been properly authorized by the United States Government to receive it; or (b) I have been given prior written notice of authorization from the United States Government Department or Agency (hereinafter Department or Agency) responsible for the classification of the information or last granting me a security clearance that such disclosure is permitted. I understand that if I am uncertain about the classification status of information, I am required to confirm from an authorized official that the information is unclassified before I may disclose it, except to a person as provided in (a) or (b), above. I further understand that I am obligated to comply with laws and regulations that prohibit the unauthorized disclosure of classified information.
- 4. I have been advised that any breach of this Agreement may result in the termination of any security clearances I hold; removal from any position of special confidence and trust requiring such clearances; or the termination of my employment or other relationships with the Departments or Agencies that granted my security clearance or clearances. In addition, I have been advised that any unauthorized disclosure of classified information by me may constitute a violation, or violations, of United States criminal laws, including the provisions of Sections 641, 793, 794, 798, and *952, Title 18, United States Code, *the provisions of Section 783(b), Title 50, United States Code, and the provisions of the Intelligence Identities Protection Act of 1982. I recognize that nothing in this Agreement constitutes a waiver by the United States of the right to prosecute me for any statutory violation.
- 5. I hereby assign to the United States Government all royalties, remunerations, and emoluments that have resulted, will result or may result from any disclosure, publication, or revelation of classified information not consistent with the terms of this Agreement.
- 6. I understand that the United States Government may seek any remedy available to it to enforce this Agreement including, but not limited to, application for a court order prohibiting disclosure of information in breach of this Agreement.
- 7. I understand that all classified information to which I may obtain access by signing this Agreement is now and will remain the property of, or under the control of the United States Government unless and until otherwise determined by an authorized official or final ruling of a court of law. I do not now, nor will I ever, possess any right, interest, title, or claim whatsoever to such information. I agree that I shall return all classified materials which have, or may come into my possession or for which I am responsible because of such access: (a) upon demand by an authorized representative of the United States Government; (b) upon the conclusion of my employment or other relationship with the Department or Agency that last granted me a security clearance or that provided me access to classified information; or (c) upon the conclusion of my employment or other relationship that requires access to classified information. If I do not return such materials upon request, I understand that this may be a violation of Section 793, Title 18, United States Code, a United States criminal law.
- Unless and until I am released in writing by an authorized representative of the United States Government, I understand that all conditions and obligations imposed upon me by this Agreement apply during the time I am granted access to classified information, and at all times thereafter.
- 9. Each provision of this Agreement is severable. If a court should find any provision of this Agreement to be unenforceable, all other provisions of this Agreement shall remain in full force and effect.

11.

10. I have read this Agreement confull briefing officer has made available to Code, *Section 783(b), Title 50, Unit Executive Order 12356 or its successor may read them at this time, if I so choose the confusion of the confusio	ted States Code or, and Section 2	e, the intelligenc	e Identities Protecti	on Act of 1982.
SIGNATURE		DATE	SOCIAL SECURIT Notice below)	Y NUMBER (See
ORGANIZATION (IF CONTRACTOR, LICENSEE, GRANTEE C (Type or print)	OR AGENT, PROVIDE: N	AME, ADDRESS AND, IF	APPLICABLE, FEDERAL SUPPL	Y CODE NUMBER)
	,			
WITNESS			ACCEPTANCE	,
THE EXECUTION OF THIS AGREEMENT WITNESSED BY THE UNDERSIGNED.	was '		ED ACCEPTED THIS UNITED STATES GO	
SIGNATURE	PATE .	SIGNATURE		DATE
NAME AND ADDRESS (Type or print)		NAME AND ADDRESS (*	Type or print)	
SECUR	RITY DEBRIEFING	ACKNOWLEDGM	MENT ,	
I reaffirm that the provisions of the espionage classified information have been made available to municate or transmit classified information to an of investigation any attempt by an unauthorized propriate word or words) received a security despite the provision of the provision of the provision of the provision of the espionage classified information to an office the provisions of the espionage classified information to an office the provisions of the espionage classified information have been made available to an office the provisions of the espionage classified information have been made available to an office the provisions of the espionage classified information have been made available to an office the provisions of the espionage classified information to an office the provision of the provisions of the espionage classified information to an office the provision of the provision of the espionage classified information to an office the provision of the espionage classified information to an office the provision of the provision of the provision of the espionage classified information to an office the provision of the prov	to me; that I have re ny unauthorized pers person to solicit	eturned all classified on or organization; t	information in my custod hat I will promptly report	y; that I will not com- to the Federal Bureau
SIGNATURE OF EMPLOYEE	2			2-2-90
NAME OF WI(TNESS (Type or print)	7	SIGNATURE OF WITNES	S	b6 b7(
NOT.ICE: The Privacy Act, 5 U.S.C. 552a, requires that closure is mandatory or voluntary, by what authority so that authority for soliciting your Social Security According necessary to 1) certify that you have access to the minated. Although disclosure of your SSN is not mand possibly result in the denial of your being granted accident.	uch information is soli unt Number (SSN) is Ex information indicated latory, your failure to	cited, and what uses wi ecutive Order 9397. Yo above or 2) determine do so may impede the	II be made of the informatio our SSN will be used to iden that your access to the info	n. You are hereby advised tify you precisely when it rmation indicated has ter-

*NOT APPLICABLE TO NON-GOVERNMENT PERSONNEL SIGNING THIS AGREEMENT.

STANDARD FORM 312 BACK (9-88)

Mr. D. Jerry Rubino
Department Security Officer
Department of Justice (DOJ)
(Attn: Mr. Charles Alliman)

2/26/90

b6 b7С

Security Programs Manager Federal Bureau of Investigation (FBI)

CARL M. SHOFFLER SECURITY CLEARANCE INVESTIGATIONS PROGRAM FBI JOINT TASK FORCE - WMFO

INFORMATION MEMORANDUM

Reference is made to DOJ memorandum dated 4/19/89, captioned "Request for Interim Top Secret Security Clearances."

Referenced memorandum granted Shoffler an interim "Top Secret" security clearance and approved the initiation of his background investigation.

For the information of DOJ, Shoffler is no longer involved in the WMFO FBI Joint Task Force and thus no longer requires access to national security information (NSI).

His name should be deleted from the list of individuals who require access to NSI in conjunction with the FBI Joint Task Force Program.

259/1033 JLF: 1f (3)

259-1033-16

Exec AD Adm
Exec AD Inv
Exec AD LES
Asst. Dir.:
Adm. Servs
Crim. Inv
Ident.
Insp.
Intell
Lab
Legal Coun
Off. Cong. &
Public Affs
Rec. Mgnt
Tech. Servs;
Training

Driginal to DOJON 2/26/90. by courier & C

EBI/DOJ